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Interpreting Initial Validation Report and Final Validation Report

The Initial Feedback Report and the Final Validation Report follow the same format. Each report begins with a header that displays general information. The Final Validation header is followed by a report detail section that describes each error encountered in any of the file records. The items on each line are tab delimited. The format of the validation reports are as follows:

MDS Initial Feedback Report

CMS STATE REPORT MDS INITIAL FEEDBACK REPORT

[Report Date/Time] mm/dd/yyyy hh:mm:ss

[Submission Method] upload [Edit Specs. Version] 1.30

[Batch Status] XXXXXXXX

[Submission Date/Time] mm/dd/yyyy hh:mm:ss

[Facility ID] xxxxxxxxxxxxxx

[Facility Name] xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

[# Data Records Processed] 99999

MDS Final Validation Report

CMS STATE REPORT MDS FINAL VALIDATION REPORT

[Report Date/Time] mm/dd/yyyy hh:mm:ss

[Edit Specs. Version] 1.30

[Batch Status] XXXXXXXX

[Submission Date/Time] mm/dd/yyyy hh:mm:ss

[Submission Batch ID] 9999999999 [Batch Submission Type] xxxxxxxxxx

[Facility ID] xxxxxxxxxxxxx

[Facility Name] xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

 [# Records Processed]
 99999

 [# Records Rejected]
 99999

 [# Duplicate Records]
 99999

 [# O_OO Records]
 99999

 [# Records with Messages]
 99999

 [Total # of Messages]
 999999

Record: Header

[Field or MDS Items] xxxxxxxxxx

[Invalid Data Submitted] Submitted: xxxxxxxxx Database: xxxxxxxxxx

[Message Number] -99

Record: 9999 accepted or rejected

Res_Int_ID xxxxxxx SSN xxxxxxxxx

AA8a = xx AA8b = x Target Date xxxxxxxx Record Type = x Effective Date xxxxxxxx AT2 = xxxxxxxx Attes Date xxxxxxxxx

[Field or MDS Items] xxxxxxxxxx

[Invalid Data Submitted] Submitted: xxxxxxxxx Database: xxxxxxxxxx

[Message Number] -99

Record: Trailer

Record Type Definitions

The following structured logic defines MDS 2.0 Record Types:

RECORD	
TYPE	DEFINITION MATRIX
Α	WHERE (AA8a = 01) AND (AA8b = SPACE)
	, , , , , , , , , , , , , , , , , , , ,
AM	WHERE (AA8a = 01) AND (AA8b = 1 OR 5 OR 7 OR 8)
7 ((V)	WHENE (WIGH = 01) MIND (WIGH = 1 ONE ONLY ONE)
AO	WHERE (AA8a = 01) AND (AA8b = 6)
7.0	771ETE (77004 = 01) 7110 (77005 = 0)
Υ	WHERE (AA8a = 02) AND (AA8b = SPACE)
I	WHERE (AAOA = 02) AND (AAOD = 31 AOE)
YM	WHERE (AA8a = 02 OR 03 OR 04) AND (AA8b = SPACE)
T IVI	WHERE (AAOA = 02 OR 03 OR 04) AND (AAOD = 3FACE)
YO	WHERE (AA82 - 02 OR 02 OR 04) AND (AA86 - 6.)
10	WHERE (AA8a = 02 OR 03 OR 04) AND (AA8b = 6)
Q	WHERE (AA8a = 05 OR 10) AND (AA8b = SPACE)
Q	WHERE (AAOA = 05 OR 10) AND (AAOD = SPACE)
OM	WUIEDE (AAO - OF OD 10) AND (AAOL - 1 OD 2 OD 2 OD 4 OD 5 OD 7 OD 0)
QM	WHERE (AA8a = 05 OR 10) AND (AA8b = 1 OR 2 OR 3 OR 4 OR 5 OR 7 OR 8)
00	WHITDE (AAGO, OF or 10) AND (AAGO, C)
QO	WHERE (AA8a = 05 or 10) AND (AA8b = 6)
	MULEDE (AAGE GO) AND (AAGE GDAGE)
0	WHERE (AA8a = 00) AND (AA8b = SPACE)
ON 4	WILLEDE (AAG - 00) AND (AAG - 1 OD 0 OD 0 OD 1 OD 5 OD 7 OD 0)
OM	WHERE (AA8a = 00) AND (AA8b = 1 OR 2 OR 3 OR 4 OR 5 OR 7 OR 8)
66	MULEDE (AAG. GO) AND (AAG. G)
00	WHERE (AA8a = 00) AND (AA8b = 6)
_	WHERE (AAS AS OF STORIOS) AND (AAS) ASSESS
D	WHERE (AA8a = 06 OR 07 OR 08) AND (AA8b = SPACE)
_	
R	WHERE (AA8a = 09) AND (AA8b = SPACE)
X	WHERE $(AT2 = 2)$

Report Field	Description	Values
[Report Date/Time]	The date and time the report was generated by the MDS system.	Date and time to the nearest second
[Edit Specs. Version]	The data specifications version that the State MDS System is currently using.	Current Version Number
[Submission Method]	The application that was used to submit a facility's files into the MDS system. If the facility connects to the State agency to submit files, then the submission method would be "Upload."	"Upload"
[Batch Status]	Indication of whether the submitted batch was received successfully or rejected. While most records with errors are accepted and stored in the MDS database, any fatal errors encountered by the MDS system will result in the rejection of the entire batch of records. A list of fatal errors is provided following this table.	"Received" or "Rejected"
[Submission Date/Time]	The date and time the MDS submission was uploaded to the State server by the LTC facility.	Date and time to the nearest second.
[Submission Batch ID]	A unique identification number for this submission.	Integer
[Batch Submission Type]	Indication of whether this submission is a test or production submission.	"Test" or "Production"
[Facility ID]	A unique identifier for the facility that created the MDS records in the submission.	Alphanumeric
[Facility Name]	The name of the facility that created the MDS records in the submission.	Text
[# Records Processed]	Total number of records processed in this submission.	Integer (zero or greater)
[# Records Rejected]	Total number of records that were not loaded into the database because of errors in the record.	Integer (zero or greater)
[# Records Duplicated]	Total number of records that were not loaded into the database because they were duplicate records.	Integer (zero or greater)
[#O_OO Records]	Total number of records that were not loaded into the database because AA8a=00 and AA8b=6.	Integer (zero or greater)
[# Records with Messages]	The number of records that had errors but were loaded into the database.	Integer (zero or greater)
[Total # Messages]	Number of errors in all records in the submission.	Integer (zero or greater)
Record: XX	The record in the MDS file that the errors below are being reported for.	Header, Trailer, or a number (indicating the record number)
Assmt_Int_ID	The unique number assigned each assessment in the state database.	Integer
[SSN]	Social Security Number	XXX-XX-XXXX
Name	Last name, first name, and middle initial of the resident the assessment record refers to	Text
(Record Type)	The type of MDS data contained in the record (See page 4 for record type definition)	A, AM, Y, YM, Q, QM, D, R, O, OM, 00, X
(Effective Date)	The effective date of the record (R4 for a discharge record, A4a for a reentry record, and R2b for all other record types)	Date value
(Target Date)	The target date of the record (R4 for a discharge record, A4a for a reentry record, and A3a for all other record types).	Date Value
(Record Status)	Indicates whether the record was accepted successfully and stored in the MDS database or rejected.	"Accepted" or "Rejected"
(Res_Int_ID)	A unique identification number for this resident.	Integer

Table 1-1. Report Field Descriptions and Values

Report Field	Description	Values
AA8a=xx, AA8b=x	Actual value submitted for fields AA8a and AA8b.	AA8a=00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 AA8b=Blank, 1-8
AT2	Actual value submitted for AT2	Blank, 1, 2
Attestation Date AT6	The AT6 date of the record.	Date value
Field or MDS Item	The code for the field in error	Form location code
Invalid Data Submitted	Actual value submitted	(varies)
Message Number	The number used to identify the error that was encountered for the corresponding record. This number and the error message associated with it can be found in the error message tables of the MDS System Administration Manual and the list of errors following this table.	Negative integer
Message	Text information about the error that was encountered for the corresponding record.	Text

Table 1-1. Report Field Descriptions and Values

Messages and Descriptions

The following errors are considered *fatal file* errors and will result in the rejection of the entire submission batch. If a submission file contains a fatal file error, MDS-Main.exe is never executed for the submission and the individual data records are not validated or stored in the database.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-1	Invalid FAC_ID: The State-assigned Facility ID code (FAC_ID) in the header record of the submission file does not match the FAC_ID that corresponds to the Login ID (User Name) used.	Cause: * The wrong file was submitted. * The State-assigned Facility ID Code (FAC_ID) in the header record of the submission file does not match the FAC_ID that corresponds to the Login ID (User Name) used. Example: * Parent company submitting for multiple facilities and forgot to change facility identifiers for each new facility. Action: * Verify that the correct file was submitted. * Verify that the facility ID in the header record of the submission file and the Login ID correspond. If they do not correspond, check the facility encoding software.
-4	Header missing: The required header record is missing from the submission file.	Cause: * The header record is missing from the submission file. * The REC_ID is invalid for the header. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * REC_ID: Identifies the line in the file as a header record, data record, or trailer record. Header record is identified by "A0," upper case A followed by a zero in the first two bytes. Action: * Verify that the header record is in the submission file. Refer to the current data specifications for the correct submission file layout. * Verify that the header REC_ID is "A0." * Contact your software vendor for assistance.

Table 1-3. Fatal File Message

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-5	Header incorrect length: The header record of the submission file is not the correct length.	Cause: * The header record of the submission file is not the correct length. * Transmission may have been interrupted (i.e. power surge, lightening strike) Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Action: * Verify that the header record in the submission file is 1814 bytes in length. Refer to the current data specifications for the correct submission file layout. * If you think the transmission was interrupted, attempt to resubmit file. * Contact your software vendor for assistance.
-7	Data record incorrect length: The resident data record of the submission file is not the correct length.	Cause: * The resident data record of the submission file is not the correct length. * Transmission may have been interrupted. (i.e. power surge, lightening strike) Definition: * Data record: A data record contains information for a single MDS resident record, a single discharge transaction, a single reentry transaction (readmission after discharge), a single request to modify an MDS record, or a single request to inactivate an MDS record. There will be one or more data records in a submission file. Action: * Verify that each data record of the submission file is 1814 bytes in length. Refer to the current data specifications for the correct submission file layout. * If you think the transmission was interrupted, attempt to resubmit file. * Contact your software vendor for assistance.

Table 1-3. Fatal File Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-8	Data Records missing: No resident data records are found in the submission file.	 * There were no resident data records in the submission file. * This error will also occur if the REC_ID is invalid for the data record. Definition: * Data record: A data record contains information for a single MDS resident record, a single discharge transaction, a single reentry transaction (readmission after discharge), a single request to modify an MDS record, or a single request to inactivate an MDS record. There will be one or more data records in a submission file. * REC_ID: Identifies the line in the file as a header record, data record, or trailer record. Header record is identified by "A0," upper case A followed by a zero in the first two bytes. Action: * Verify that the submission file contains at least one resident data record. * Verify that the data record REC_ID is "B0," "M0," or "X0." Refer to the current data specifications for the correct submission file layout. * Contact your software vendor for assistance.
-9	Trailer incorrect length: The trailer record of the submission file is not the correct length.	Cause: * The trailer record of the submission file is not the correct length. * Transmission may have been interrupted. (i.e. power surge, lightening strike) Definition: * Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. Action: * Verify that the trailer record of the submission file is 1814 bytes in length. Refer to the current data specifications for the correct submission file layout. * If you think the transmission was interrupted, attempt to resubmit file. * Contact your software vendor for assistance.

Table 1-3. Fatal File Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-10	Trailer missing: The required trailer record is missing from the submission file.	Cause: * The required trailer record is missing from the submission file. * The REC_ID is invalid for the trailer record. Definition: * Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. * REC_ID: Identifies the line in the file as a header record, data record, or trailer record. Trailer record is identified by "Z0," upper case Z followed by a zero in the first two bytes. Action: * Verify that the trailer record is in the submission file. * Verify that the data record REC_ID is "Z0." Refer to the current data specifications for the correct submission file layout. * Contact your software vendor for assistance.
-11	Incorrect record count: The submission file contains MORE records than the trailer record indicates.	Cause: * The number of records in the submission file is more than the trailer record indicates. Definition: * Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. Action: * Verify that the trailer record count equals the total number of the data records plus two (one for the header record and one for the trailer record) * Contact your software vendor for assistance.
-12	Incorrect record count: The submission file contains FEWER records than the trailer record indicates.	Cause: * The number of records in the submission file is less than the trailer record indicates. Definition: * Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. Action: * Verify that the trailer record count equals the total number of the data records plus two (one for the header record and one for the trailer record) * Contact your software vendor for assistance.

Table 1-3. Fatal File Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-18	Invalid Submission Type: The header record does not correctly indicate whether this is a test or production submission file.	Cause: * The TEST_SW (test/production indicator) in the header record of the submission file was not a 0 (zero) or a 1. When invalid data is submitted in the TEST_SW field, the CMS MDS System at the State checks only the header record for errors and rejects the file. Definition: * TEST_SW: Item that designates the submission file as a test or production file. "0" (zero) indicates test, and "1" indicates production. Any other response is invalid data. Action: * Verify that the TEST_SW in the header record of the submission file is "1" or "0". * Contact your software vendor for assistance.

Table 1-3. Fatal File Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-102	Extra data: The submission file contains extra data after the trailer record	* The submission file contains extra data after the trailer record, which is to be the last record in the file. Definition: * Trailer record: The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. Action: * Verify that there is no data following the % (percent sign) in the trailer record of the submission file. * Contact your software vendor for assistance.
-103	Unable to accept file: An error has occurred while inserting a row in the MDS_upload table in the CMS MDS system. Contact your system coordinator immediately before resubmitting the file.	Cause: * There is a problem at the CMS MDS system at the State. A database error occurred when updating the MDS_upload table. Action: * If this message is received, contact your State Coordinator immediately. Resubmit this file when directed by your State Coordinator.

Table 1-3. Fatal File Messages (cont'd)

The following errors are considered *fatal record* messages and will result in the rejection of individual records. Assessments that have fatal record errors are not stored in the database (for data integrity purposes).

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-27	Date is missing/invalid: This required date (MDS Item Above) is either missing or contains an invalid date for the submitted record.	* The identified date for the submitted record is either missing or invalid. * If required on the record submitted, this message applies to the following date items: *R2b (MDS Completion date) *R4 (Discharge Date) *A4a (Reentry Date) Definition: * Invalid for the purposes of this message means that the date must contain a valid month, day, and year. A month of 40 or a day of 32 is not valid. Tip: * The correct submission file format for all dates is "YYYYMMDD." The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY," it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. Action: * Verify that the effective date is not blank. * If the effective date is not blank, verify that the date entered in the record has a valid month, day, and year. * Make appropriate corrections to the record and resubmit.
-28	Invalid AA8a/AA8b combination: This submitted record does not contain a valid reason for assessment combination.	Cause: * This record does not contain a valid combination in items AA8a (primary reason for assessment) and AA8b (special care code). Example: * An example of an invalid combination is AA8a = 9, AA8b = 5 Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for itemby-item instructions for the MDS * Refer to the record type definition matrix in the current data specifications for valid combinations.

Table 1-4. Fatal Record Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-29	Invalid data value: The submitted data for this item(s) is/are not in the valid range of acceptable values.	Cause: * This message can occur for any MDS item submitted with data not in the valid range of acceptable values. * The submitted data for this item(s) is not in the valid range of acceptable values * Face sheet items (Section AB and AC) follow the all or none rule. * This error will occur if the SSN is all "0" or "9." * The SSN must meet the following range: 1) If first character is numeric, the length must be 9 and all numeric. 2) If first character is alphabetic, the characters starting with the third position must be all numeric. 3) All dashes or spaces are accepted, but embedded dashes or spaces are not. *This error will occur if an out of range value is submitted in the SUB_REQ field. Valid values are 1, 2, or 3. Definition: * "All or none rule" pertains to face sheet Sections AB and AC as follows: • If AA8a = 01, all items AB1 through AC1y must be completed with valid values. • If AA8a = 08, AB1 and AB2 must be completed. Items AB3 through AC1y are optional by facility option. If facility option is chosen, AB3-AC1y, they must be submitted according to one of three patterns: all items AB3-AC1y, none of the items AB3-AC1y, special pattern where all of AB5a-f are present with none of the other AB3 through AC1y. • For rec type Y, YM, YO, Q, QO, R, and D where AA8a = 06, 07, AB5a-f can be submitted alone, if any fields other than AB5a-f are submitted, all items must be submitted: or none of the items AB1 through AC1y are submitted. • For AA8a = 00, 05, 10, and AA8b = 1, 2, 3, 4, 5, 7, 8; AB5a-f can be submitted alone. If any fields other than AB5a-f are submitted, all items must be submitted: • For AA8a = 00, 05, 10, and AA8b = 1, 2, 3, 4, 5, 7, 8; AB5a-f can be submitted alone. If any fields other than AB5a-f are submitted, all items must be submitted. • For AA8a = 00, 05, 10, and AA8b = 1, 2, 3, 4, 5, 7, 8; AB5a-f can be submitted alone. If any fields other than AB5a-f are submitted, all items must be submitted. * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's
-31	Incorrect format: The submitted data for this item is not in the correct format.	Cause: * The submitted data is not in the correct format for the identified item(s). Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-40	Inconsistent dates: The dates identified are not consistent with each other.	Cause: * The identified dates are inconsistent with each other. * A4a (date of re-entry) must be later than AB1 (admission date). If AB1 is later than A4a, the record will be rejected. * P_REC_DT (previous record date) must be later than AB1 (admission date). If AB1 is later than P_REC_DT, the record will be rejected. * A3a (assessment reference date) must be later than or the same as A4a (date of reentry). If A3a is earlier than A4a, the record will be rejected. * VB2 (RAP completion date) must be later than or the same as R2b (MDS completion date). If VB2 is earlier than R2b, the record will be rejected. Definition: * P_REC_DT (previous record date) occurs in significant correction assessments. P_REC_DT is the A3a (assessment reference date) of the record that is being corrected. Tip: * Check the Field identified and the Invalid Data on the Final Validation Report to determine the date items that are inconsistent. * P_REC_DT is an item that may not be visible to the facility user. It may be an item that is filled in by the vendor software when the record is copied to an upload file. Action: * Contact your software vendor to determine how your software handles P_REC_DT. * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-50	Inconsistent REC_TYPE/AA8a,AA8b: The submitted record type (REC_TYPE) is inconsistent with the submitted reason for assessment (AA8a, AA8b). Contact your software vendor.	* The submitted REC_TYPE (record type) does not match the submitted data combination for AA8a (primary reason for assessment) and AA8b (special assessment code) or the data in AT2 (correction action requested). Definition: * REC_TYPE is based on the "Reasons for Assessment" items (AA8a and AA8b) and the correction "Correction Action Requested" item (AT2). There are 15 different data record types. This field indicates to the computer the fields that are required for the record submitted. Tip: * With most encoding software, the REC_TYPE is inserted in each data record by the software when a file is created. Example: * If AA8a = 01, REC_TYPE is "A". * If AA8a = 05 and AA8b = 2, REC_TYPE is "QM". * If AT2 = 2, REC_TYPE is "X". Action: * Correct using the MDS Correction policy. * Contact your software vendor for assistance. * Refer to the record type definition matrix in the data specifications.
-51	AB2 value is missing: The AB2 field is blank and should not be. The AB2 value must not be blank on admission records or discharge prior to completion of initial assessment record (AA8a = 01 or 08)	Cause: * The AB2 value (admission from at entry) must not be blank on admission records (AA8a=01) or discharge prior to completion of initial assessment records (AA8a=08) Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS * Refer to the current data specifications for this
Fable 4 4 Fatall	Decreed Manager (constitut)	item to determine acceptable values.

Table 1-4, Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-52	Inconsistent AB8a value: The submitted data in item AB8a is not consistent with the data in item AB8b.	Cause: * IF AB8a (language) equal 3 (language—other), THEN AB8b (description of language) must specify the "other" language. * IF AB8a (language) equals 0, 1, or 2, THEN AB8b (description of language) must be blank. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by- item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-53	Inconsistent AB10 value: The submitted data in item AB10a is not consistent with the data in items AB10b through AB10f.	Cause: * IF AB10a (not applicable-No MR/DD) is checked, THEN all of AB10b through AB10f (MR/DD with organic condition) must be blank. * IF AB10a is not check, THEN at least one of AB10b through AB10f must be checked. * IF AB10a is a dash, THEN AB10b through AB10f must consist of at least one dash and the rest blank. Tip: ☑ A checked response will display as a "1" on the validation report. ☐ A blank response (unchecked) will display as a "0" on the validation report. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-54	Inconsistent B1 value: The submitted data in item B1 is not consistent with the data in items B2 through F3 and N2 through N5.	Cause: * IF B1 (comatose) equals 1, THEN the following items must be blank: * B2 through F3 (cognitive patterns, communications/hearing patterns, vision patterns, mood and behavior patterns, and psycho social well being) * N2 through N5 (activity pursuit patterns) * IF B1 equals 0 (zero) or a dash, THEN the following items must not be blank: * B2 through F3 * N2 through N5 Tip: * This is a skip pattern. If B1 equals 1, then skip to Section G. After completing N1, skip to Section O. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-55	Inconsistent K6a value: The submitted data in item K6a is not consistent with the data in items K5a and/or K5b.	Cause: * IF neither K5a (parenteral IV) nor K5b (feeding tube) is checked, THEN K6a (total calories (%) received in the last 7 days) must be blank. * IF either K5a or K5b is checked, THEN K6a must not be blank. Tip: * This is a skip pattern. If neither K5a nor K5b is checked, then skip to Section L. ☑ A checked response will display as a "1" on the validation report. ☐ A blank response (unchecked) will display as a "0" on the validation report. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE	MEGGAGE	MEGGAGE DEGOEDATION
NUMBER	MESSAGE	MESSAGE DESCRIPTION
-56	Inconsistent K6b value: The submitted data in item K6b is not consistent with the data in items K5a and/or K5b.	 Cause: * IF neither K5a (parenteral IV) nor K5b (feeding tube) is checked, THEN K6a (total calories (%) received in the last 7 days) must be blank. * IF either K5a or K5b is checked, THEN K6a must not be blank. Tip: * This is a skip pattern. If neither K5a nor K5b is checked, then skip to Section L. ☑ A checked response will display as a "1" on the validation report. ☐ A blank response (unchecked) will display as a "0" on the validation report. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to
-57	Inconsistent M2 value: The submitted data in item M2a or M2b is not consistent with the data in items M1a through M1d.	determine acceptable values. Cause: * IF M1a through M1d (stage 1 through stage 4 pressure ulcers) is (0) zero, THEN M2a (pressure ulcer) and M2b (stasis ulcer) must be 0 (zero). * IF M2a (pressure ulcer) or M2b (stasis ulcer) equals 1, THEN M1a (# of stage 1 ulcers) must be greater than zero. * IF M2a (pressure ulcer) or M2b (stasis ulcer) equals 2, THEN M1b (# of stage 2 ulcers) must be greater than zero. * IF M2a (pressure ulcer) or M2b (stasis ulcer) equals 3, THEN M1c (# of stage 3 ulcers) must be greater than zero. * IF M2a (pressure ulcer) or M2b (stasis ulcer) equals 4, THEN M1d (# of stage 4 ulcers) must be greater than zero. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.
-58	Inconsistent T1 value: The submitted data in item T1b is not consistent with the data in item AA8b; or the data in item T1c or T1d is not consistent with the data in item T1b.	Cause: * IF AA8b (special assessment code) equals 1 or 5 (5-day or readmission), THEN T1b (ordered therapies) must not be blank. * IF T1b equals 0 (zero), THEN T1c and T1d must be blank. * IF T1b equals 1, THEN T1c and T1d cannot be blank. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-59	Inconsistent U	Cause: * IF the route of administration is blank, THEN frequency, amount administered, PRN, and NDC code must be blank. * IF the route of administration is not blank, THEN frequency, amount administered, PRN, and NDC code must not be blank. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.
-60	Inconsistent AC1y value: The submitted data in item AC1y (unknown) is not consistent with the data in items AC1a through AC1x.	Cause: * IF AC1y (unknown) is checked, THEN AC1a through AC1x must be unchecked or a dash. * IF AC1y is not checked, THEN at least one of the AC1a through AC1h, AC1i through AC1l, AC1m through AC1r, and AC1s through AC1x must be checked. Tip: ☑ A checked response will display as a "1" on the validation report. ☐ A blank response (unchecked) will display as a "0" (zero) on the validation report. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-61	Inconsistent J2a value: The submitted data in item J2a is not consistent with the data in items J2b through J3j.	Cause: * IF the value of J2a (pain frequency) equals 0 (zero), THEN J2b (intensity) through J3j (pain site) must be blank. Tip: * This is a skip pattern. If J2a = 0 (zero), then skip to J4. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS * Refer to the current data specifications for this item to determine acceptable values.
-62	Inconsistent "None of the Above" value: The submitted data in "None of the Above" is not consistent with its related items.	Cause: * IF any of the correlating items are checked, THEN "None of the Above" value must be left blank (not checked). * IF all of the correlating items are not checked (blank), THEN "None of the Above" value must be checked. * IF any of the correlating items are unknown (a dash) and no correlating items are checked, THEN "None of the Above" value must be unknown (a dash). Tip: ☑ A checked response will display as a "1" on the validation report. ☐ A blank response (unchecked) will display as a "0" on the validation report. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-64	Inconsistent AB11 date: The background information completion date (AB11) was submitted with a date earlier than either the birth date (AA3) or date of entry (AB1).	Cause: * AB11 (date background information completed) must be later than or equal to AA3 (birth date) and AB1 (date of entry). Tip: * Check the "Field" identified and the "Invalid data" on the Final Validation Report to determine the date items that are inconsistent. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications to determine valid values.
-75	Inconsistent RAP value: The submitted RAP value (MDS item above) does not match the RAP value calculated by the State database. (1 indicates RAP was triggered; 0 indicates RAP was not triggered)	Cause: * The RAP value that was submitted in Section V was incorrect based on the information submitted for this assessment. Tip: * Hyphen (-) is used in the MDS fields to indicate "unknown." If a RAP is not clearly triggered by the response in any one of the fields associated with that RAP and at least one of the fields contains a hyphen (-), unknown, then the RAP response must also be a hyphen (-), unknown. Action: * Contact your software vendor for assistance. * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS and the RAP trigger legend. * Refer to the current data specifications for this item to determine acceptable values.
-78	Last name missing: The resident's last name (AA1c) is missing from the submitted record.	Cause: * The resident last name (AA1c) in this data record was missing. This record could not be accepted with the last name blank. Action: * Make appropriate corrections to the record and resubmit.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-80	Duplicate assessment: The record submitted is a duplicate of a previously submitted record.	Cause: * This record is a duplicate of a previously submitted record for this resident. * Original record was submitted and then modified. Staff then discovered the modification was a mistake, so resubmitted the original. This will reject as a duplicate assessment. Definition: * Duplicate records are based on all of the following: * Identical Target Date * Identical AA8a (primary reason for assessment) * Identical Resident * Identical Resident * Identical Resident * Identical Facility * Target date is the date of the event for any given record and is used to determine duplicate records. Target dates are defined as follows: Target date=A4 WHEN: * AA8a=06 (discharge, return not anticipated) * AA8a=07 (discharge, return anticipated) * AA8a=08 (discharge, prior to initial assessment) Target date=A4a WHEN: * AA8a=09 (reentry) Target date=A4a WHEN: * AA8a=09 (reentry) Target date=A3a FOR: * AA8a=00, 01, 02, 03, 04, 05, 10 Example: * When every record in a file was rejected as duplicate assessment, the Send button may have been double clicked and the file was sent twice, very quickly. * The record was accidentally placed in a submission file after it had already been submitted, so it was sent twice in two separate files. Tip: * Refer to the Message Description for Warning Message –81 for the MDS items used for matching residents. * This error will occur if the duplicates are in the same file and the file is submitted as a production file. The first record will be edited and the second will be edited as a duplicate record. * This error will not occur if the duplicates are in the same file and the file is submitted as a test. The first record will not be stored, thus eliminating the duplicate files. * Check to see why this record was sent more than once. * DO NOT resubmit this record as it is already in the database. * Never resubmit an original after a modification. If the
		modification was in error, you must submit another modification to correct the error.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-107	SSN (AA5a) and Medicare number/railroad number (AA5b) missing: The SSN (AA5a) and Medicare number/railroad number (AA5b) are both missing from the submitted record. At least one must be present.	Cause: * IF AA8b (special assessment code) = 1, 2, 3, 4, 5, 7, or 8, THEN at least one of the following must be present: - SSN (AA5a) - Resident Medicare number or comparable railroad insurance number (AA5b) Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for these items to determine acceptable values.
-108	Date is missing/invalid: This required date (MDS Items Above) is either missing or contains an invalid date for the submitted record.	Cause: * Any record is rejected if date item identified is missing or contains an invalid date. * AA8a (primary reason for assessment) determines the date items required for specific data records. If required on the record submitted, this message applies to the following date items: * AB1 (date of entry) * AB11 (date background information completed) * AA3 (birth date) * A3a (assessment reference date) * VB2 (RAP assessment signature date) * VB4 (RAP care plan signature date) * P_REC_DT (previous record date) * AT6 must be present and valid for modification or inactivation requests. Definition: * Invalid for the purposes of this message means that the date must contain a valid month, day, and year. Tip: * Check the field identified on the Final Validation Report to determine the date item that is missing or invalid. * The correct submission file format for all dates is "YYYYMMDD." The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY," it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. * A partial birth date (year only or month and year only) would not cause rejection. Example: * An invalid date would be June 32, 1999. * A month of 0 or a day of 32 is not valid. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS and the RAP trigger legend. * Refer to the current data specifications to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

Dates prior to 1850 and after 2200 are not accepted by the Data Management System.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-109	Date in Future: This required date (MDS Item Above) is later than the current date. This date must precede or be the same as the current date.	Cause: * Any record is rejected if the date item identified is a future date (later than the current date). The date item must precede or be the same as the current date. * AA8a (primary reason for assessment) determines the date items required for specific data records. If required on the record submitted, this message applies to the following date items: * AB1 (date of entry) * AB11 (date background info. completed) * AA3 (birth date) * AA3 (assessment reference date) * A4a (date or reentry) * R2b (date RN Coordinator signed as complete) * R4 (discharge date) * VB2 (RAP assessment signature date) * VB4 (RAP care plan signature date) * P_REC_DT (previous record date) * AT6 (attestation date) Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that contains a future date. * The correct submission file format for all dates is "YYYYMMDD." The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY," it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE	MECCACE	MESSAGE DESCRIPTION
NUMBER		MESSAGE DESCRIPTION
	Date too old: This required date (MDS Item Above) is more than 140 years in the past. This date cannot be more than 140 years in the past. Inconsistent AB1/AA3 date: The admission date (AB1) was submitted with a date	Cause: * Any record is rejected if the date item identified is more than 140 years prior to the current date. * AA8a (primary reason for assessment) determines the date items required for specific data records. If required on the record submitted, this message applies to the following date items: * AB1 (date of entry) * AB11 (date background info. completed) * AA3 (birth date) * A3a (assessment reference date) * A4a (date or reentry) * R2b (date RN Coordinator signed as complete) * R4 (discharge date) * VB2 (RAP assessment signature date) * P_REC_DT (previous record date) Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that contains a future date. * The correct submission file format for all dates is "YYYYMMDD." The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as "MMDDYYYY," it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. * A partial birth date (year only or month and year only) would not cause rejection. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values. Cause: * AA3 (birth date) must precede AB1 (admission date). If AB1 is earlier than AA3, the record will be rejected.
	submitted with a date earlier than the birth date (AA3). The AA3 date must precede or be the same as the AB1	Tip: * This message will only occur on assessments where AA8a=01 or 08, or where AA8a=00 and AA8b=1, or where AA8a=01 and AA8b=1. Action:
	date.	 * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE	MESSAGE	MESSAGE DESCRIPTION
NUMBER		
-112	Inconsistent A3a/AA3 dates: The assessment reference date (A3a) was submitted with a date earlier than the birth date (AA3). The AA3 date must precede or be the same as the A3a date.	Cause: * AA3 (birth date) must precede A3a (assessment reference date). If A3a is earlier than AA3, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-113	Inconsistent A3a/AB1 dates: The assessment reference date (A3a) was submitted with a date earlier than the admission date (AB1). The AB1 date must precede or be the same as the A3a date.	* AB1 (admission date) must precede or be the same as A3a (reference date). If A3a is earlier than AB1, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-114	Inconsistent R2b/A3a dates: The MDS completion date (R2b) was submitted with a date earlier than the assessment reference date (A3a). The A3a date must precede or be the same as the R2b date.	Cause: * A3a (assessment reference date) must precede or be the same as R2b (MDS completion date). If R2b is earlier than A3a, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-116	Inconsistent VB2/A3a: The RAP completion date (VB2) was submitted with a date earlier than the assessment reference date (A3a). The A3a date must precede or be the same as the VB2 date.	Cause: * A3a (assessment reference date) must precede or be the same as VB2 (RAP completion date). If VB2 is earlier than A3a, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE	MESSAGE	MESSAGE DESCRIPTION
NUMBER		
-117	Inconsistent VB4/VB2: The care plan completion date (VB4) was submitted with a date earlier than the RAP completion date (VB2). The VB2 date must precede or be the same as the VB4 date.	Cause: * VB2 (RAP completion date) must precede or be the same as VB4 (care plan completion date). If VB4 is earlier than VB2, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-119	Inconsistent R4/AA3: The discharge date (R4) was submitted with a date earlier than the birth date (AA3). The AA3 date must precede or be the same as the R4 date.	Cause: * AA3 (birth date) must precede or be the same as R4 (discharge date). If R4 is earlier than AA3, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-120	Inconsistent R4/AB1 dates: The discharge date (R4) was submitted with a date earlier than the admission date (AB1). The AB1 date must precede or be the same as the R4 date.	* AB1 (admission date) must precede or be the same as the R4 (discharge date). If R4 is earlier than AB1, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-121	Inconsistent A4a/AA3: The reentry date (A4a) was submitted with a date earlier than the birth date (AA3). The AA3 date must precede or be the same as the A4a date.	Cause: * AA3 (birth date) must precede or be the same as A4a (re-entry date). If A4a is earlier than AA3, the record will be rejected. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-122	Inconsistent A3a/P_REC_DT: The assessment reference date (A3a) was submitted with a date earlier than or equal to previous record date (P_REC_DT). The P_REC_DT date must precede the A3a date.	* The P_REC_DT (previous record date) must precede the A3a (assessment reference date) of the Significant Correction Assessment. If the P_REC_DT is later than or equal to the A3a of the Significant Correction Assessment, the record will be rejected. Definition: * P_REC_DT (previous record date) occurs in significant correction assessments. P_REC_DT is the A3a (assessment reference date) of the record that is being corrected. Tip: * P_REC_DT is an item that may not be visible to the facility user. If may be an item that is filled in by the vendor software when the record is copied to an upload file. Action: *Contact your software vendor to determine how your software handles P_REC_DT. * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-208	Inconsistent P1baB value: The submitted data in item P1baB is not consistent with the data in item P1baA. If P1baA = 1 - 7, then P1baB must be a number > or = 15 times P1baA.	* The number of minutes of therapy submitted does not equal at least 15 minutes of speech therapy for each day it was administered. * IF P1baA = 1-7 (speech therapy days), THEN P1baB (speech therapy-# of minutes received therapy in the last 7 days) must be a number greater than or equal to 15 minutes times P1baA. Example: * If 2 days of therapy were administered (P1baA), the minimum number of minutes provided (P1baB) must be at least 30. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-209	Inconsistent P1bbB value: The submitted data in item P1bbB is not consistent with the data in item P1bbA. If P1bbA = 1 through 7, then P1bbB must be a number > or = 15 times P1bbA.	Cause: * The number of minutes of therapy submitted does not equal at least 15 minutes of occupational therapy for each day it was administered. * IF P1bbA = 1-7 (occupational therapy days), THEN P1bbB (occupational therapy days-total # of minutes received therapy in the last 7 days) must be a number greater than or equal to 15 minutes times P1bbA. Example: * If 3 days of therapy were administered (P1bbA), the minimum number of minutes provided (P1bbB) must be at least 45. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-210	Inconsistent P1bcB value: The submitted data in item P1bcB is not consistent with the data in item P1bcA. If P1bcA = 1 through 7, then P1bcB must be a number > or = 15 times P1bcA.	Cause: * The number of minutes of therapy submitted does not equal at least 15 minutes of physical therapy for each day it was administered. * IF P1bcA = 1-7 (physical therapy days), THEN P1bcB (physical therapy-# of minutes received therapy in the last 7 days) must be a number greater than or equal to 15 minutes times P1bcA. Example: * If 4 days of therapy were administered (P1bcA), the minimum number of minutes provided (P1bcB) must be at least 60. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-211	Inconsistent P1bdB value: The submitted data in item P1bdB is not consistent with the data in item P1bdA. If P1bdA = 1 through 7, then P1bdB must be a number > or = 15 times P1bdA.	Cause: * The number of minutes of therapy submitted does not equal at least 15 minutes of respiratory therapy for each day it was administered. * IF P1bdA = 1-7 (respiratory therapy days), THEN P1bdB (respiratory therapy days-total # of minutes received therapy in the last 7 days) must be a number greater than or equal to 15 minutes times P1bdA. Example: * If 5 days of therapy were administered (P1bdA), the minimum number of minutes provided (P1bdB) must be at least 75. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-212	Inconsistent P1beB value: The submitted data in item P1beB is not consistent with the data in item P1beA. If P1beA = 1 through 7, then P1beB must be a number > or = 15 times P1beA.	Cause: * The number of minutes of therapy submitted does not equal at least 15 minutes of psychological therapy for each day it was administered. * IF P1beA = 1-7 (psychological therapy days), THEN P1beB (psychological therapy-# of minutes received therapy in the last 7 days) must be a number greater than or equal to 15 minutes times P1beA. Example: * If 6 days of therapy were administered (P1beA), the minimum number of minutes provided (P1beB) must be at least 90. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-213	Inconsistent T1d value: The submitted data in item T1d is not consistent with the data in item T1c. If T1c is zero, then T1d must be zero.	Cause: * IF T1c (estimate of days of therapy until day 15) is zero, THEN T1d (estimate of minutes of therapy until day 15) must be zero. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-214	Inconsistent T1d value: The submitted data in item T1d is not consistent with the data in item T1c. If T1c > zero, then T1d must be > zero.	Cause: * IF T1c (estimate of days of therapy until day 15) is not zero, THEN T1d (estimate of minutes of therapy until day 15) must not be zero. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-309	Unable to calculate RUG: An ORACLE error has occurred on the CMS MDS system at the State, which recalculates RUGs. Contact your State Coordinator immediately before resubmitting this record.	Cause: * There is a problem at the CMS MDS system at the State. * The MDS system was unable to complete the SQL Statement applied to a particular table. Action: * If this message is received, contact your State Coordinator immediately. Resubmit this file when directed by your State Coordinator. * The State Coordinator should refer to the Oracle Server Messages Manual for information on how to correct this problem.
-310	No RUG value calculated: A RUG value was not calculated due to one or more invalidate parameters passed to the RUG dll.	Cause: * There is a problem with the MDS RUG dll at the State. Action: * If this message is received, contact your State Coordinator immediately. Resubmit this file when directed by your State Coordinator.
-320	Extra data: Fields in the identified section (AT or PR) contained data not allowed on an original record.	Cause: * The record submitted was not a modification or inactivation request, but contained data in the AT or PR fields. The original record must contain no data in the AT or PR fields. Definition: * AT and PR fields: The AT fields identify that a modification or inactivation of a previously submitted record is requested. The PR fields identify the previously submitted record that is to be modified or inactivated. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE	MESSAGE	MESSAGE DESCRIPTION
NUMBER		
-321	Missing data: Fields in the identified section (AT or PR) were blank and should not be on the request submitted.	Cause: * The request submitted was a request for a modification or inactivation. The identified AT or PR fields were blank. All AT and PR fields must be completed for a correction request. Definition: * AT and PR fields: The AT fields identify that a modification or inactivation of a previously submitted record that is to be modified or inactivated. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS.
		* Refer to the current data specifications for this item to determine acceptable values.
-322	Invalid AT2 value: AT2 value is invalid for the submitted correction.	Cause: * The submitted data for AT2 is not in the valid range of acceptable values. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-323	Non-blank fields: Sections AA through V contained data for the requested inactivation. These fields should be blank.	Cause: * The correction request submitted was an inactivation record. Fields in Section AA through Section V contained data. Section AA through Section V must be blank on an inactivation request. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-324	No match found: No matching record was found in the database for the submitted correction. At least one of the Prior record fields (PR) did not match with a record in the database.	Cause: * At least one of the Prior record fields (PR) did not match with a record in the database. * The correction request may have been submitted twice. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-byitem instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-325	Inconsistent AT1: The submitted value in AT1 is not consistent with the AT1 value previously submitted.	Cause: * The correction request may have been submitted twice. * The AT1 value must exceed the AT1 value on the previously submitted correction request. Action: * Make appropriate corrections to the record and resubmit. * Refer to the Correction Policy for item-by-item instructions for Sections AT and PR. * Refer to the current data specifications for this item to determine acceptable values.
-326	Inconsistent AT3: The submitted data in items AT3a through AT3e is not consistent with the data in item AT2.	Cause: * The correction request submitted was a modification record (AT2=1). At least one item in AT3a through AT3e was not checked on this record. At least one item in AT3a through AT3e must be checked on a modification record. Action: * Make appropriate corrections to the record and resubmit. * Refer to the Correction Policy for item-by-item instructions for Sections AT and PR. * Refer to the current data specifications for this item to determine acceptable values.
-327	Inconsistent AT4: The submitted data in items AT4a through AT4d is not consistent with the data in item AT2.	Cause: * The correction request submitted was an inactivation record (AT2=1). At least one item was not checked in AT4a through AT4d on this request. At least one item in AT4a through AT4d must be checked for an inactivation request. Action: * Make appropriate corrections to the record and resubmit. * Refer to the Correction Policy for item-by-item instructions for Sections AT and PR. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-328	Inconsistent AT6: The submitted AT6 date was earlier than the date identified above. The AT6 date must be later than or equal to the date identified above.	Cause: * The AT6 date in this correction request was earlier than other dates present in the correction request. The AT6 date must be later than or equal to the following dates present in the correction request: * AA3 (birth date) * AB1 (date of entry) * A4a (date of reentry) * P_REC_DT (previous record date) * A3a (assessment reference date) * R2b (date RN Coordinator signed as complete) * R4 (discharge date) * VB2 (RAP assessment signature date) * VB4 (RAP care plan signature date) Action: * Make appropriate corrections to the record and resubmit. * Refer to the Correction Policy for item-by-item instructions for Sections AT and PR. * Refer to the current data specifications for this item to
-329	Inconsistent AT5: Item AT5a or AT5b was blank. This is not consistent with the data in item AT2.	determine acceptable values. Cause: * IF AT2 (action requested) equals 1 (modify) or 2 (inactivate), THEN AT5a (attesting individual: first name) and AT5b (attesting individual: last name) must not be blank. Action: * Make appropriate corrections to the record and resubmit. * Refer to the Correction Policy for item-by-item instructions for Sections AT and PR. * Refer to the current data specifications for this item to determine acceptable values.
-333	Invalid AA8a/AA8b: The AA8a/AA8b (reason for assessment) in the modification request submitted does not match the AA8a/AA8b of the prior record. AA8a/AA8b cannot be modified.	Cause: * The AA8a/AA8b (reason for assessment) in the modification request does not match the AA8a/AA8b of the prior record. The reason for assessment (AA8a/AA8b) cannot be modified. Example: * The original record was coded as an annual (AA8a=02) and submitted. Staff had intended to code the assessment a significant change in status (AA8a=03). This cannot be changed through a modification request. • The original record was coded as an admission/5 day (AA8a=01/AA8b=1) and submitted. Staff had intended to code the assessment a 14 day Medicare (AA8a =00/AA8b=7). This cannot be changed through a modification request. Action: * Inactivate the assessment that had the reason for assessment coded incorrectly. Then submit the assessment with the reason for assessment coded correctly.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE		
NUMBER	MESSAGE	MESSAGE DESCRIPTION
-376	Inconsistent G1 value: The submitted data in one of items G1aB through G1jB or G2B is inconsistent with the data in the corresponding items G1aA through G1jA or G2A.	Cause: * IF any value in items G1aA (self performance) through G1jA (self performance) or G2a (self performance) equals 8, THEN the value in the corresponding item of G1aB (support provided) through G1jB (support provided) or G2B (support provided) must equal 8. * IF any value in items G1aA (self performance) through G1jA (self performance) or G2A (self performance) does not equal 8, THEN the value in the corresponding item of G1aB (support provided) through G1jB (support provided) or G2B (support provided) cannot equal 8. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-378	Inconsistent E1 value: The submitted data in items E1a through E1p are not consistent with the data in item E2.	Cause: * IF the value in E2 (mood persistence) is 1 or 2, THEN the value in at least one item E1a (negative statements) through E1p (reduced social interaction) must be 1 or 2. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-381	No authority to collect data. Privacy rights require federal and/or state authority to collect MDS data. There is no authority to collect the data submitted. Data was not accepted.	Cause: *The State has 'no authority' to collect MDS info and the assessment submitted has a SUB_REQ value of 1 or 2. *The State 'has authority' to collect MDS info and the assessment submitted has a SUB_REQ value of 1. Definition: *The Facility cannot release resident information without appropriate authority. There must be federal and/or State authority in order for a facility to submit MDS information to the standard MDS system. The key to what authority exists is based on certified versus non-certified units. Tip: *For detailed information re: SUB_ REQ values, refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field. Action: *Make appropriate correction to the record and resubmit. *Refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-382	Inconsistent P1baA value: The submitted data in item P1baA is not consistent with the data in item P1baB. If P1baB is greater than 98, then P1baA must be greater than or equal to 1 or – (unknown).	Cause: * The number of minutes of therapy submitted indicates that at least 15 minutes of speech therapy on at least one day was administered. * IF P1baB>98 (speech therapy-# of minutes received therapy in the last 7 days), THEN P1baA (speech therapy days) must be a number greater than or equal to 1 or — (unknown). Tip: * 98 minutes is 7 days times 14 minutes; >98 minutes indicates 15 minutes or more on at least 1 day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-383	Inconsistent P1bbA value: The submitted data in item P1bbA is not consistent with the data in item P1bbB. If P1bbB is greater than 98, then P1bbA must be greater than or equal to 1 or – (unknown).	Cause: * The number of minutes of therapy submitted indicates that at least 15 minutes of occupational therapy on at least one day was administered. * IF P1bbB>98 (occupational therapy-# of minutes received therapy in the last 7 days), THEN P1bbA (occupational therapy days) must be a number greater than or equal to 1 or - (unknown). Tip: * 98 minutes is 7 days times 14 minutes; >98 minutes indicates 15 minutes or more on at least 1 day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-384	Inconsistent P1bcA value: The submitted data in item P1bcA is not consistent with the data in item P1bcB. If P1bcB is greater than 98, then P1bcA must be greater than or equal to 1 or – (unknown).	Cause: * The number of minutes of therapy submitted indicates that at least 15 minutes of physical therapy on at least one day was administered. * IF P1bcB>98 (physical therapy-# of minutes received therapy in the last 7 days), THEN P1bcA (physical therapy days) must be a number greater than or equal to 1 or - (unknown). Tip: * 98 minutes is 7 days times 14 minutes; >98 minutes indicates 15 minutes or more on at least 1 day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-385	Inconsistent P1bdA value: The submitted data in item P1bdA is not consistent with the data in item P1bdB. If P1bdB is greater than 98, then P1bdA must be greater than or equal to 1or-(unknown).	Cause: * The number of minutes of therapy submitted indicates that at least 15 minutes of respiratory therapy on at least one day was administered. * IF P1bdB>98 (respiratory therapy-# of minutes received therapy in the last 7 days), THEN P1bdA (respiratory therapy days) must be a number greater than or equal to 1 or - (unknown). Tip: * 98 minutes is 7 days times 14 minutes;>98 minutes indicates 15 minutes or more on at least 1 day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-386	Inconsistent P1beA value: The submitted data in item P1beA is not consistent with the data in item P1beB. If P1beB is greater than 98, then P1beA must be greater than or equal to 1or- (unknown).	Cause: * The number of minutes of therapy submitted indicates that at least 15 minutes of psychological therapy on at least one day was administered. * IF P1beB>98 (psychological therapy-# of minutes received therapy in the last 7 days) THEN P1beA> (psychological therapy days) must be a number greater than or equal to 1 or - (unknown). Tip: * 98 minutes is 7 days times 14 minutes;>98 minutes indicates 15 minutes or more on at least 1 day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-387	Impossible P1baA/P1baB relationship: The relationship between the values submitted in items P1baA and P1baB is not possible. P1baB divided by P1baA must be less than or equal to 1440.	Cause: * The number of minutes of therapy submitted is not possible based on the number of days of therapy submitted. * IF P1baB>98 (speech therapy-# of minutes received therapy in the last 7 days divided by P1baA (speech therapy days) must be less than or equal to 1440. Tip: * 1440=total minutes in a day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-388	Impossible P1bbA/P1bbB relationship: The relationship between the values submitted in items P1bbA and P1bbB is not possible. P1bbB divided by P1bbA must be less than or equal to 1440.	Cause: * The number of minutes of therapy submitted is not possible based on the number of days of therapy submitted. * IF P1bbB>98 (occupational therapy-# of minutes received therapy in the last 7 days divided by P1bbA (occupational therapy days) must be less than or equal to 1440. Tip: * 1440=total minutes in a day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

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MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-389	Impossible P1bcA/P1bcB relationship: The relationship between the values submitted in items P1bcA and P1bcB is not possible. P1bcB divided by P1bcA must be less than or equal to 1440.	Cause: * The number of minutes of therapy submitted is not possible based on the number of days of therapy submitted. * IF P1bcB>98 (physical therapy-# of minutes received therapy in the last 7 days divided by P1bcA (physical therapy days) must be less than or equal to 1440. Tip: * 1440=total minutes in a day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-390	Impossible P1bdA/P1bdB relationship: The relationship between the values submitted in items P1bdA and P1bdB is not possible. P1bdB divided by P1bdA must be less than or equal to 1440.	Cause: * The number of minutes of therapy submitted is not possible based on the number of days of therapy submitted. * IF P1bdB>98 (respiratory therapy-# of minutes received therapy in the last 7 days divided by P1bdA (respiratory therapy days) must be less than or equal to 1440. Tip: * 1440=total minutes in a day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-391	Impossible P1beA/P1beB relationship: The relationship between the values submitted in items P1beA and P1beB is not possible. P1beB divided by P1beA must be less than or equal to 1440.	Cause: * The number of minutes of therapy submitted is not possible based on the number of days of therapy submitted. * IF P1beB>98 (psychological therapy-# of minutes received therapy in the last 7 days divided by P1beA (psychological therapy days) must be less than or equal to 1440. Tip: * 1440=total minutes in a day. Action: * Make appropriate corrections to the record and resubmit. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications for this item to determine acceptable values.
-392	Invalid Correction/Inactivation: Records coded AA8a=00 with AA8b=6 or blank cannot be modified or inactivated.	Cause: * Records coded AA8a=00 with AA8b=6 or blank are considered ignored records and are not stored in the State database. Therefore, a modification or inactivation cannot be done because no match of prior record fields can be done.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-394	Invalid record FAC_ID: The State assigned Facility ID code (FAC_ID) in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file.	 * The State assigned FAC_ID code in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file. Definition: * Data record: A data record contains information for a single MDS resident record, a single discharge transaction, a single reentry transaction (readmission after discharge), a single request to modify an MDS record, or a single request to inactivate an MDS record. There will be one or more data records in a submission file. * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Example: * FAC_ID in the header record = IA1111 and FAC_ID in the submitted resident data record = IA0001 Action: * Verify that the FAC_ID in all data records match the FAC_ID in the header record of the submission file match. * If the FAC_ID of the data record(s) does not match the FAC_ID in the header record, unlock the data record(s), make the correction, and create a new submission file containing the corrected records. Submit the new file. * Contact your software vendor for assistance.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-395	Invalid AA8b/SUB_REQ: If AA8b=1,2,3,4,5,7,or 8, then SUB_REQ must be 3. PPS assessments cannot be performed on a non-certified unit.	*The assessment submitted is encoded in AA8b as a 1,2,3,4,5,7, or 8. This reason for assessment is only used for PPS assessments. Definition: *The Facility cannot release resident information without appropriate authority. There must be federal and/or State authority in order for a facility to submit MDS information to the standard MDS system. The key to what authority exists is based on certified versus non-certified units. Tip: *PPS assessments are not performed on a noncertified unit. *For detailed information re: SUB_REQ values, refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field. Action: *Check to make sure you have entered the reason for assessment, AA8b correctly. *If AA8b is to be 1,2,3,4,5,7, or 8, then the SUB_REQ must be a 3 for this assessment. *If AA8b is not 1,2,3,4,5,7, or 8 then refer to the manual entitled Provider Instructions Regarding Authority to Submit MDS Records and Use of the SUB_REQ Field for the correct SUB_REQ value.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-396	Invalid SUB_REQ: The SUB_REQ in the modification/inactivation record submitted does not match the SUB_REQ of the prior record. Correction of SUB_REQ requires a manual request to your state.	*The SUB_REQ submitted in the modification/inactivation record does not exactly match the SUB_REQ that was in the original record. Definition: *The value of SUB_REQ on a modification or inactivation record must exactly match the value for the prior record to be corrected. A modification or inactivation request submitted to the State that changes the SUB_REQ will be rejected. Tip: *Example: IF the SUB_REQ in the original record that was accepted in the State database is equal to 3 then the submitted modification/inactivation of this record must have a SUB_REQ=3. *For detailed information re: SUB_REQ values, refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field manual. Action: *Verify that the SUB_REQ value on the modification/inactivation record matches the original record in the database. *Make appropriate corrections to the record and resubmit *If the SUB_REQ value is incorrect on a record already accepted into the State MDS database, you must make a written request to the State help desk. *Refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records
-400	W2a value is missing: The W2a Field is blank and should not be. The W2a value must not be blank for assessments with an A3a (Target Date) or R4 (Discharge Date) from October 1 through June 30.	and Use of the SUB_REQ Field manual. Cause: Waa cannot be blank on assessments with an A3a (Target Date) or R4 (Discharge Date) between October 1 and June 30 beginning on October 1, 2005. Definition: Waa - Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)? O - No 1 - Yes Action: Make appropriate corrections to the record and resubmit. Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-401	Inconsistent W2a/W2b: W2b must not be skipped (blank) when item W2a is 0 (no).	Cause: • If W2a is 0 (No) then W2b cannot be blank. W2b was blank. Description:
		W2b - If Influenza vaccine not received, state reason. Action:
		 Make appropriate correction to the record and resubmit.
		 Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for
-402	Inconsistent W2a/W2b: W2b	this item to determine acceptable values. Cause:
-402	must be skipped (blank) when Item W2a is 1 (Yes) or is skipped (blank)	 W2a is 1 (Yes) or blank and item W2b was not blank. Description:
		W2a - Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)? 0 - No 1- Yes
		Make appropriate correction to the record and resubmit. Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.
-403	Inconsistent W2a/W2b: Item	Cause:
	W2b must be - (dash) when Item W2a = - (dash)	 W2a was answered with a - (dash) and Item W2b was 1 - 6 or blank.
	(auc.)	Description:
		 W2a - Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)? 0 - No 1 - Yes
		Action:
		 Make appropriate correction to the record and resubmit.
		 Refer to the LTC RAI User's Manual for
	al Pagard Massagas (cont'd)	 item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-404	Inconsistent W2b value: Item W2b must not = 1 (not in facility during this year's flu season) for an assessment with an A3a (Target Date) or R4 (Discharge Date) that falls within the flu season. (October 1 through March 31).	Cause: • The A3a or R4 date of the assessment is October 1 through March 31 and W2b = 1. Description: • W2a response 1 - Not in facility during this year's flu season. Action: • Make appropriate correction to the record and resubmit. • Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. • Refer to the current data specification for this item to determine acceptable values.
-405	Inconsistent W3a/W3b: W3b must not be skipped (blank) when item W3a is 0 (no).	Cause: W3a is marked 0 (no) and W3b is blank. Description: W3a - Is the resident's PPV status up to date? W3b - If PPV not received, state reason. Action: Make appropriate correction to the record and resubmit. Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.
-406	Inconsistent W3a/W3b: Item W3b must be skipped (blank) when Item W3a is 1 (yes).	Cause: • The W3a is 1 (yes) and W3b is not blank. Description: • W3a - Is the resident's PPV status up to date? 0 - No 1 - Yes • W3b - If PPV not received, state reason. Action: • Make appropriate correction to the record and resubmit. • Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. • Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-407	Inconsistent W3a/W3b: Item W3b must be - (dash) when Item W3a = - (dash).	 W3a was answered with a - (dash) and Item W3b was 1 - 6 or blank. Description: W3a - Is the resident's PPV status up to date? 0 - No 1 - Yes W3b - If PPV not received, state reason. Action: Make appropriate correction to the record and resubmit. Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.

Table 1-4. Fatal Record Messages (cont'd)

The following errors are considered *warning errors* and will be displayed on the Final Validation Report. Warning errors encompass consistency, valid value, and range errors.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-3	Software vendor information updated: Submitted software vendor tax ID number was not found in the State database. Vendor information has been added to the database. Verify the vendor tax ID number.	Cause: * The software vendor in the header record of this submission file does not match with any vendor entered in the State database. Action: * The software vendor information has been added to the State database. * If this is a new vendor, no action is needed. If this is not a new vendor, contact your State Coordinator to check the Vendor tax ID number.

Table 1-5. Warning Messages

MESSAGE		
NUMBER	MESSAGE	MESSAGE DESCRIPTION
-14	Inconsistent facility Medicare number: The facility Medicare number submitted in the header record does not match the facility Medicare number in the State database.	Cause: * The facility Medicare number in the header record of this submission file does not match the facility Medicare number in the State database. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility Medicare number is inserted in the header record by the software when a file is created. Action: * Contact your State to find the correct facility Medicare number.
		* Change the facility Medicare number in the facility software to match the State database, or contact your State Coordinator to have the facility Medicare number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.
-15	Inconsistent facility Medicaid number: The facility Medicaid number submitted in the header record does not match the facility Medicaid number in the State database.	Cause: * The facility Medicaid number in the header record of this submission file does not match the facility Medicaid number in the State database. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility Medicaid
		number is inserted in the header record by the software when a file is created. Action: * Contact your State to find the correct facility Medicaid number. * Change the facility Medicaid number in the facility software to match the State database, or contact your State Coordinator to have the facility Medicaid number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-16	Inconsistent facility telephone number: The facility telephone number submitted in the header record does not match the facility telephone number in the State database.	Cause: * The facility telephone number in the header record of this submission file does not match the facility telephone number in the State database. Definition: * Facility telephone number is the number used to reach the facility contact person. It is not the computer modem number. * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * Contact person: This is the person at the facility to call if there is a question about a submission. It could be the MDS coordinator, data entry person, or someone else designated by the facility. Tip: * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility telephone number is inserted in the header record by the software when a file is created. Action: * Change the facility telephone number in the facility software to match the State database, or contact your State Coordinator to have the facility telephone number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.
-17	File creation date missing: There was no file creation date submitted in the header record. Contact your software vendor.	Cause: * The header record of this submission file does not contain the file creation date. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * File creation date: This is the date the file was created. It is the date on the computer that created the file. Tip: * With most encoding software, the file creation date is inserted in the header record by the software when a file is created. Action: * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE		
NUMBER	MESSAGE	MESSAGE DESCRIPTION
-20	Facility address missing: The facility address was missing from the header record. Update the facility information in your MDS encoding software.	The header record of this submission file does not contain the facility's address. Definition: Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: With most encoding software, the facility address is inserted in the header record by the software when a file is created. Action: Contact your software vendor for assistance with changing header record data.
-21	Facility city missing: The facility city was missing from the header record. Update the facility information in your MDS encoding software.	Cause: * The header record of this submission file does not contain the facility's city. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * With most encoding software, the facility city is inserted in the header record by the software when a file is created. Action: * Contact your software vendor for assistance with changing header record data.
-22	Facility state missing: The facility state was missing from the header record. Update the facility information in your MDS encoding software.	Cause: * The header record of this submission file does not contain the facility's state. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * With most encoding software, the facility state is inserted in the header record by the software when a file is created. Action: * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-23	Facility zip code missing: The facility zip code was missing from the header record. Update the facility information in your MDS encoding software.	* The header record of this submission file does not contain the facility's zip code. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * With most encoding software, the facility zip code is inserted in the header record by the software when a file is created. Action: * Contact your software vendor for assistance with changing header record data.
-24	Facility contact person missing: The facility contact person was missing from the header record. Update the facility information in your MDS encoding software.	Cause: * The header record of this submission file does not contain the facility's contact person. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * Contact Person: This is the person at the facility to call if there is a question about a submission. It could be the MDS coordinator, data entry person, or someone else designated by the facility. Tip: * With most encoding software, the facility contact person is inserted in the header record by the software when a file is created. Action: * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-65	Inconsistent AB1 date: The submitted date in AB1 is not consistent with the AB1 date previously submitted.	Cause: * When submitted optionally on any non-admission record, AB1 (date of entry) must be the same as the AB1 submitted on the admission assessment for the same stay. Definition: * Stay: This is the period of time a resident is at a facility from the day of admission to the day of discharge where return is not anticipated. A discharge coded AA8a = 06 ends a stay. A discharge coded AA8a = 08 ends a stay if the facility does not expect the resident to return. With either of these discharges the facility must complete a new admission assessment (AA8a = 01). In these cases, the resident must have a new AB1 (date of entry) if they return to the facility. * Face sheet items (Sections AB and AC) follow the "all or none" rule. * "All or none" rule pertains to face sheet Sections AB and AC as follows: * IF AA8a = 01, all items AB1 through AC1y must be completed with valid values. * IF AA8a = 08, AB1 and AB2 must be completed. Items AB3 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. * IF AA8a = any value other than 01 or 08, items AB1 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. ACtion: * Correct using the MDS Correction policy. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-66	Inconsistent AB2 value: The submitted value in AB2 is not consistent with the AB2 value previously submitted.	Cause: * When submitted optionally on any non-admission record, AB2 (admitted from) must be the same as the AB2 submitted on the admission assessment for the same stay. Definition: * Stay: This is the period of time a resident is at a facility from the day of admission to the day of discharge where return is not anticipated. A discharge coded AA8a = 06 ends a stay. A discharge coded AA8a = 08 ends a stay if the facility does not expect the resident to return. With either of these discharges the facility must complete a new admission assessment (AA8a = 01). The resident must have a new AB2 (admitted from) value if they return to the facility at a later date. * Face sheet items (Sections AB and AC) follow the "all or none" rule. * "All or none" rule pertains to face sheet Sections AB and AC as follows: * IF AA8a = 01, all items AB1 through AC1y must be completed with valid values. * IF AA8a = 08, AB1 and AB2 must be completed. Items AB3 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. * IF AA8a = any value other than 01 or 08, items AB1 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. Action: * Correct using the MDS Correction policy. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values.
-70	Assessment completed late: The submitted R2b date was > 92 days after the R2b date submitted previously.	Cause: * The completed assessment was not within CMS timing guidelines. *There should be no more than 92 days from R2b to R2b date (date the RN signed the assessment as being complete) for any two OBRA assessments. Tip: *Medicare PPS only (OM) assessments are not included in the CMS timing guidelines. OM record types are not considered for timing edits. *Timing Edits are not done on records with a SUB_REQ=2. *For records where SUB_REQ=3 the previous record for timing must have a SUB_REQ=3 or 0 (zero). Timing edits will not be done between any two records where the SUB_REQ is not the same or 0 (zero). *Action: * No action is required for this submission. * To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.

Table 1-5. Warning Messages (cont'd)

MESSAGE	МЕССАСЕ	MESSAGE DESCRIPTION
NUMBER	MESSAGE	MESSAGE DESCRIPTION
-71	Inconsistent record sequence: The submitted reason for assessment (AA8a/AA8b) does not logically follow the reason for assessment (AA8a/AA8b) previously submitted.	Cause: * The record submitted does not satisfy the CMS sequence guidelines. * Facility may have missed submitting the record. * The resident's identifying information may not have matched on a previous record submitted and a new row on the resident table may have been created on the CMS MDS system at the State for that record causing a failure in the sequencing order. Definition: * Row on the resident table: Each person with data in the database has a row on the resident table in the CMS MDS system at the State. This row contains the person's identifying information and is used to link subsequent records for that person as they are submitted. If the data submitted for a resident does not match a row, a new row is created, thereby making a new person in the database that the record was linked to. Example: * The initial record for a resident in a facility should be one of the following: * Admission record (AA8a = 01) * Discharge prior to completing the initial assessment (AA8a = 08) * Medicare 5 day not combined with the admission assessment (AA8a = 00 and AA8b = 1). * A reentry record should not follow an admission assessment record. Reentry records should only follow discharge records. Tip: * When more than one record for the same resident is submitted in the same test file, this sequence edit will only compare those records in the file with records previously submitted to the database. The ones in the file will not be sequenced with each other. Therefore, sequence warnings may appear on the final validation report for a production file but the same file as a test file may not have resulted in the sequence warnings. *Sequencing edits are not done on records with a SUB_REQ=2. *For records where the SUB_REQ=3, the previous record for sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequenci

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-72	Inconsistent submission sequence: Records appear to have been submitted out of order. The dates in the submitted record do not sequentially follow the dates of the previous record.	Cause: * The date of the record submitted precedes the date of the most current record in the State system. This indicates that records were not submitted in the order they were completed. * The dates used for determining the submission order are: * R2b (MDS Completion date) * R4 (Discharge date) * A4a (Reentry date) Tip: * Records cannot be backdated. When a record is missed and completed late, it must not be backdated to the date it was actually due. Action: * Check final validation reports, roster reports and activity reports to assure that all records are submitted timely.
-74	An ICD-9 code submitted in I3 caused the Dehydration RAP - VA14A to be triggered; however, this was not indicated in the submission file.	Cause: * The submitted record did not show the Dehydration RAP (VA14a) as triggered. However, the ICD-9 code submitted in I3 a-e resulted in state database triggering the Dehydration RAP Tip: * An ICD-9 diagnosis of 276.5, 276.50, 276.51 or 276.52 in I3 a-e will cause the dehydration RAP to trigger. Action: * Verify that the ICD-9 diagnosis codes in I3 a-e are accurate. * If necessary correct using the MDS Correction policy.
-81	Resident information updated: Submitted data in the above field is not the same as the data previously submitted for this resident. Verify that the new information is correct.	Cause: * If resident information in this record is similar enough to resident information on the State database based on a set of resident matching criteria, a match occurs and certain fields on the resident table in the State database will be updated. * Patient's first name was spelled differently, the birth date was entered incorrectly, or the facility may be submitting information that was unknown previously (such as the Medicare or Medicaid number). Definition: * Resident matching criteria: Resident identifying information is checked against the resident table on the CMS MDS system at the State. If a match is found, the fields identified in the tip below are checked for matches and are updated if they do not match. Tip: * Fields that may be updated are resident last name, first name, middle initial, birth date, death date, social security number (SSN), Medicare number, Medicaid number and gender. * Refer to the LTC Facility User Guide for the Resident Matching Criteria table. Action: * Verify the data displayed as old and new. * If the new data is correct, no action is required. * If the new data is not correct, correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-82	Resident provider updated: This resident was previously cared for by the 'prior' provider identified above.	Cause: * Occurs when the resident is in the database under one facility and now is in a different facility. The current facility ID will be updated in the State database. Definition: * The current facility ID is the unique State assigned Facility ID (Facid). Tip: * "Old" is the previous MDS or HHA facility, the 'prior' provider. * "New" is the current facility this assessment was submitted for, the current provider. Action: * No action needed.
-216	R2b date late: The submitted assessment completion date (R2b) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	* The admission assessment was completed late. * For an admission assessment (AA8a = 01), R2b (date RN coordinator signed assessment as complete) should be no more than 14 days later than AB1 (date of entry) or A4a (reentry table), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a = 01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of admission or of readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-217	VB2 date late: The submitted RAP assessment process completion date (VB2) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	Cause: * The admission assessment was completed late. * For an admission assessment (AA8a = 01), VB2 (RAP assessment signature date) should be no more than 14 days later than AB1 (date of entry) or A4a (reentry date), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a = 01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of admission or readmission if the admission assessment was not completed before the discharge that preceded the readmission.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-226	R2b date late: The submitted assessment completion date (R2b) was more than 14 days later than the assessment reference date (A3a).	Cause: * The date the RN coordinator signed the assessment as complete (R2b) exceeds the allowable time limit after the assessment reference date (A3a). R2b (date the RN coordinator signed the assessment as complete) should be no more than 14 days after A3a date (last day of MDS observation period). Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of the assessment reference date (A3a).
-230	VB2 date late: The submitted RAP assessment process completion date (VB2) was more than 14 days later than the assessment reference date (A3a).	Cause: * The RAP assessment process completion date (VB2) exceeds the allowable time limit after the assessment reference date (A3a). * VB2 (RAP assessment signature date) should be no more than 14 days after A3a date (last day of MDS observation period). Action: * No action is required for this assessment. * To avoid this message in the future, schedule assessments so that the RAP assessment process is completed no later than 14 days after the assessment reference date (A3a).
-234	VB4 date late: The submitted care plan decision completion date (VB4) was more than 7 days later than the RAP assessment process completion date (VB2).	Cause: * The care plan decision date (VB4) exceeds the allowable time limit after the RAP assessment process was completed. * VB4 (RAP care plan signature date) should be no more than 7 days after VB2 date (RAP assessment signature date). Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the care plan decisions are completed no more than 7 days after the RAP assessment process is completed.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-300	Unable to calculate RUG: The A3a date submitted is not within the date parameters in the RUG options table. Verify the A3a date is accurate, otherwise contact your State Coordinator.	* The A3a (assessment reference date) submitted did not fall within the date parameters on the CMS MDS system at the State for the RUG option submitted for this record. Definition: * RUG options table is used by Medicare and Medicaid and defines how the RUG is to be calculated. This includes begin use and end use dates, urban and rural set codes, the model, classification type, logic version and the RUG's program that is used to make the calculation. The Medicare options table is predefined by CMS and cannot be changed. The Medicaid options table must be defined by the State. Tip: * The last day of the MDS observation period, item A3a (assessment reference date) is compared to the Beginning and End dates on the Data Management Software RUG options table in the Configurable Items window. * If the submitted date in items A3a does not occur within this date range, this error is generated. Action: * Facility staff should verify that the A3a date is accurate. If it is correct, contact the State Coordinator to verify the entry in RUG's option table on the CMS MDS system at the State. * Correct using the MDS Correction policy.
-303	No RUG value calculated: A RUG value was not calculated due to required fields containing invalid data.	Cause: * Invalid data values were submitted in a required RUG's field. The default RUG's value of BC1 was returned. Action: * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values. * Correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-306	Incorrect RUG logic version: Login version submitted in above field does not match the logic version assigned by the State MDS system. The last 2 digits of this field indicate the RUG logic version.	Cause: * The logic version submitted in fields T3MDCR or T3State on this assessment does not match the logic version that was calculated by the State database. Definition: * Logic version: Over time, the way (the Logic) in which the RUG is calculated has changed. With each change, the new calculation method is kept track of by using a version number. • The last 2 digits of these fields indicate the RUG's logic version: 09 = 5.20 version, 53 group model 08 = 5.12 version, 34 group model 07 = 5.12 version, 44 group model 06 = 5.11 version, 34 group model Action: * Refer to the current data specifications to determine valid values. * Correct using the MDS Correction policy.
-307	Incorrect RUG value: The RUG value submitted does not match the RUG value calculated by the State MDS system.	Cause: * The RUG value submitted in fields T3MDCR (Medicare Case Mix Group) or T3State (State Case Mix Group) on this assessment does not match the RUG that was calculated by the State system. Action: * Contact your software vendor for assistance. * Correct using the MDS Correction policy.
-311	Rural RUG calculated: Facility does not have a current MSA code on State MDS system. State MDS system used the rural code to calculate the RUG for this record. Contact your State Coordinator.	Cause: * A current entry was not found or was not current on the facility_MSA code table for this facility. Tip: * The facility_MSA code table is populated by an ORACLE job that runs every 24 hours. * The submitted assessment has defaulted the RUG's value to the rural code. Action: * Facility must contact their State Coordinator. * State must contact the QTSO Help_Desk for help determining if: a) county_st code is incorrect b) ORACLE job has not run yet c) ORACLE job is broken

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-314	Field left justified: The submitted data in the above field was not left justified. If record was accepted, the above field was left justified. Verify left justification with your software vendor.	Cause: * Current data specifications require that the identified field be left justified. The data submitted in this record was not left justified. The CMS MDS system at the State stored this data in a left justified format. Action: * Contact your software vendor for assistance to have the format for this item corrected for future submissions.
-331	New resident: A new person has been created in the database of the CMS MDS system at the State with the information submitted in this modification request.	Cause: * The modification request submitted contained enough changes in resident identification fields that this assessment was assigned to a new resident, different than the original assessment. Fields used to match residents include facility, AA5a (Social Security number), AA1a (resident first name), AA1c (resident last name), AA3 (birth date), AA2 (gender). Tip: * Message -332 will always occur when message -331 occurs. Action: * Check the data to be certain there were no errors. If there are none, no action is required. If there are errors, correct using the MDS Correction policy.
-332	New assessment: A new assessment has been created in the database of the CMS MDS system at the State with the information submitted in this modification request.	Cause: * The modification request submitted contained enough changes in key fields that this assessment was considered a new assessment rather than a modified assessment. Modification of the following fields will cause this message to occur: A3a (assessment reference date), A4a (date of reentry), or R4 (discharge date). Action: * Check the data to be certain there were no errors. If there are none, no action is required. If there are errors, correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-377	Record submitted late: The submission date (current date) is more than 31 days after the record completion date.	Cause: * The record submission date (current date) to the CMS MDS system at the State is more than 31 days after the record completion date for assessments or the event date for tracking forms. Definition: * The submission timing requirement is based on the value in the Reason for Assessment (AA8a). * Completion Date = VB4 WHEN: * AA8a = 01 (admission assessment) * AA8a = 02 (annual assessment) * AA8a = 03 (significant change assessment) * Completion Date = R2b WHEN: * AA8a = 04 (significant correction, full assessment) *Completion Date = R2b WHEN: * AA8a = 05 (quarterly assessment) * AA8a = 10 (significant correction, quarterly assessment) *Completion date=AT6 WHEN: * A modification or inactivation is submitted. * Event Date = R4 WHEN: * AA8a = 06 (discharge, return not anticipated) * AA8a = 07 (discharge, return not anticipated) * AA8a = 08 (discharge, prior to initial assessment) * Event Date = A4a WHEN: * AA8a = 09 (reentry) * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified and the Invalid Data on the Final Validation Report to determine the date items that are late. Action: * No action is required for this submission. * To avoid this in the future, review the record submission process and verify that all records are submitted in a timely manner.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-379	New resident: A new person has been created in the database of the CMS MDS system at the State with the information submitted in this record.	* The resident's identifying information did not match a person already on the resident table in the CMS MDS system at the State. The record type submitted should not be the first record submitted for any resident and should have matched a row on the resident table, but did not. A person was created on the resident table as a result of this record submission. Definition: * Resident table: Each person with data in the database has a row on the resident table in the CMS MDS State system. This row contains the person's identifying information and is used to link subsequent records for that person as they are submitted. If the data submitted for a resident does not match a row, a new row is created, thereby making a new person in the database that the record was linked to. Example: * The initial record for a resident in a facility should be one of the following: * Admission record (AA8a = 01) * Discharge prior to completing the initial assessment (AA8a = 08) * Medicare 5 day not combined with the admission assessment (AA8a=00 and AA8b=1) * A reentry records should not follow an admission assessment record. Reentry records should only follow discharge records. Action: * If you are certain there was not a record submitted previously for this resident, no action is needed. * If this message occurred because a record was completed and not submitted, submit the missing record now. * If after reviewing activity reports, roster reports and/or QI reports you believe a new resident may have been created in error, contact your State MDS Coordinator. Review activity reports, roster reports and/or QI reports to assure that all records are submitted sequentially and timely.
-380	Repeat admission assessment (AA8a=01): An admission assessment (AA8a=01) already exists with the AB1 date the same as the submitted AB1.	Cause: * A repeat admission assessment with the same AB1 date has been submitted. Tip: * This message will only occur on admission assessments where AA8a=01. Action: * Only one record type A (AA8a=01) will be allowed with the same AB1 date. * Verify the AA8a and AB1 date are accurate for the assessment submitted. * Make appropriate corrections to the record and resubmit. * Refer to the current data specifications to determine valid values.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-393	Comprehensive assessment completed late: The submitted VB2 date was >366 days after the VB2 date submitted previously.	*The completed assessment was not completed within CMS timing guidelines. *There should be no more than 366 days between comprehensive assessments. The 366 days is calculated from VB2 date (date the RN signed the RAPS as being completed), to VB2 date. Tip: *Timing edits are not done on records with a SUB_REQ=2. *For records where SUB_REQ=3 or 0 (zero). Timing edits will not be done between any two records where the SUB_REQ is not the same or 0 (zero). *Medicare PPS only (OM) assessments are not in the CMS timing guidelines. OM record types are not considered for timing edits. Action: *To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.
-397	Inconsistent AA8a/R4/AB1: If AA8a = 08, then the R4 date must be less than or equal to 14 days after AB1 date.	Cause: *AA8a = 08 and the R4 (discharge) date is greater than 14 days after AB1 (date of entry) date. Action: *Verify the AA8a, R4 date, and AB1 date are accurate for the assessment submitted. *Correct using the MDS Correction Policy.
-398	Test File: The identified facility is a test facility. The file was processed as a test file.	Cause: *Facility identified as test facility in database, submitting production file. Tip: *Test facility should only submit files as "test" not production. Definition: *"Test" means the file is edited but is not stored in the database. *TEST_SW: item that designates the submission file as a test or production file. "0" (zero) indicates test, and "1" indicates production. Action: *Verify that the TEST_SW in the header record of the submission file is "0". Contact your software vendor for assistance.

Table 1-5. Warning Messages (cont'd)

AB: MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-399	Inconsistent NPI: The NPI number submitted in W1 is not consistent with the NPI number submitted in the header record.	 Cause: The NPI submitted in the header is not an exact match to the NPI submitted in the identified record. The NPI field in the header was blank but was not blank in the record. The NPI field in the record was blank but not in the header. Definition: NPI - National Provider Identifier Action: Correct the NPI number in the record or the header, whichever is incorrect and resubmit. Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. Refer to the current data specifications for this item to determine acceptable values.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-2	The FACID in the header was not found in the State database.	The facility ID in the header record of this submission file does not match the facility ID entered in the State database. Facility staff should contact the State Coordinator and verify that the facility ID in the header record matches the facility ID in the State database.
-13	Inconsistent facility name: The facility name submitted in the header record does not match the facility name in the State database.	Cause: * The facility name in the header record of this submission file does not match the facility name in the State database. * The facility name in the encoding software must match all spaces, symbols, and letters exactly with the State database. Definition: * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Tip: * The facility name field is limited to 30 characters and may need to be abbreviated. Characters include all spaces, symbols, and letters utilized. * With most encoding software, the facility name is inserted in the header record by the software when a file is created. Action: * Compare the information on the "Invalid Data" line with the [Facility Name] in the top section of the MDS Final Validation Report. * Change the facility name in the facility software to match the State database, or contact your State Coordinator to have the facility name in the State database changed to match the facility software.

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-26	Invalid record FAC_ID: The State assigned Facility ID code (FAC_ID) in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file.	* The State assigned FAC_ID code in any one of the submitted resident data records does not match the FAC_ID in the header record of the submission file. Definition: * Data record: A data record contains information for a single MDS resident record, a single discharge transaction, a single reentry transaction (readmission after discharge), a single request to modify an MDS record, or a single request to inactivate an MDS record. There will be one or more data records in a submission file. * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. Example: * FAC_ID in the header record = IA1111 and FAC_ID in the submitted resident data record = IA0001 Action: * Verify that the FAC_ID in all data records match the FAC_ID in the header record of the submission file match. * If the FAC_ID of the data record(s) does not match the FAC_ID in the header record, unlock the data record(s), make the correction, and create a new submission file containing the corrected records. Submit the new file. * Contact your software vendor for assistance.
-100	Invalid data found in the Record ID (REC_ID) field.	The Record ID for one or more records is not in this submission file. This format for the Resident ID field for all data records is an upper case B followed by 0 (zero).
-101	A space occurred in the AA8a field on one or more records.	The AA8a field contained a space for one or more records.
-104	SSN and last name missing or invalid - Resident matching failed.	The resident Social Security Number and last name in this data record was missing or invalid. The resident match procedure could not occur.
-105	Unable to accept record: The HCFA MDS system at the State, which matches residents, has failed. Contact your State Coordinator immediately and resubmit the file.	The MDS database resident matching procedure failed. Facility staff should contact their MDS State Coordinator. Facility staff will need to resubmit this record after they contact the State Coordinator.
-106	Inconsistent A3b: Inconsistent A3b value for the current assessment.	Any record is rejected if AA8a = 01, 02, 03, 04, 05, or 10 if the original or corrected copy of form (A3b) is not equal to 0. (A 0 indicates an original record.) If AA8a = 06, 07, 08, or 09, A3b must be a 0 (zero) or space.

Table 1-6 MDS. Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-115	Inconsistent ASMT_LCK/R2b: The assessment lock date was submitted with a date earlier than the assessment completion date (R2b). The R2b date must precede or be the same as the assessment lock date.	Any record is rejected if AA8a = 01, 02, 03, 04, 05, 10 or AA8b = 1, 2, 3, 4, 5, 7, 8 and the assessment lock date (ASMT_LCK) precedes the assessment completion date (R2b).
-118	Inconsistent CARE_LCK/VB4: The CP lock date (CARE_LCK) was submitted with a date earlier than the CP completion date (VB4). The VB4 date must precede or be the same as the CARE_LCK date.	Any record is rejected if AA8a = 01, 02, 03, or 04 and the care plan lock date (CARE_LCK) precedes the care plan completion date (VB4).
-200	ASMT_LCK should be no more than 21 days after R2b date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days after the R2b date (Date the RN coordinator signed the assessment as complete
-201	ASMT_LCK should be no more than 21 days after A3a date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days after the A3a date (Last day of MDS observation period).
-202	ASMT_LCK should be no more than 7 days before VB4 date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 14 days before VB4 date (RAP Care Plan signature date).
-203	ASMT_LCK should be no more than 14 days before CARE_LCK date.	The assessment lock date (date that all of Sections A through V except for the care planning items are completed) should be no more than 21 days before the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-204	CARE_LCK should be no more than 28 days after A3a date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 28 days after A3a date (last day of MDS observation period).
-205	CARE_LCK should be no more than 14 days after VB2 date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 14 days after VB2 (RAP assessment signature date).
-206	CARE_LCK should be no more than 28 days after R2b date.	The CARE_LCK date (The date that all sections of the MDS record and care planning decisions are completed) should be no more than 28 days after R2b (date the RN coordinator signed the assessment as complete).
-207	CARE_LCK should be no more than 7 days after VB4 date.	The CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed) should be no more than 7 days after VB4 (RAP care plan signature date).

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-215	A3a date late: The submitted assessment reference date (A3a) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	Cause: * The admission assessment A3a (assessment reference date) was late. * For an admission assessment (AA8a = 01), A3a (last day of MDS observation period) should be no more than 14 days late than the AB1 (date of entry) or A4a (reentry date), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a=01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the assessment reference date is within 14 days of admission or of readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-218	AB1 should be no more than 21 days earlier than ASMT_LCK date.	AB1 (Date of entry) should be no more than 21 days earlier than ASMT_LCK date (the date that all of Sections A through V except for the care planning items are completed).
-219	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	Cause: * The admission assessment was completed late. * For an admission assessment (AA8a = 01), VB4 (RAP care plan signature date) should be no more than 21 days later than AB1 (date of entry) or A4a (reentry date), whichever one is later. Tip: * This message will only occur on admission assessments where AA8a = 01. Action: * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the assessment and care plan are completed within 21 days of admission or readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-220	AB1 should be no more than 28 days earlier than CARE_LCK date.	AB1 (date of entry) should be no more than 28 days earlier than CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed.)
-221	A3a should be no more than 14 days earlier than R2b date.	A3a (last day of MDS observation period) should be no more than 14 days earlier than R2b date (date RN coordinator signed assessment as complete).
-222	A3a should be no more than 14 days earlier that VB2 date.	A3a (last day of MDS observation period) should be no more than 14 days earlier than VB2 date (RAP assessment signature date).
-223	A3a should be no more than 21 days earlier than ASMT_LCK date.	A3a (last day of MDS observation period) should be no more than 21 days earlier than ASMT_LCK date (the date that all of Sections A through V except for the care planning items are completed).

Table 1-6. MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-224	A3a should be no more than 21 days earlier than VB4 date.	A3a (last day of MDS observation period) should be no more than 21 days earlier than VB4 date (RAP care plan signature date).
-225	A3a should be no more than 28 days earlier than CARE_LCK date.	A3a (last day of MDS observation period) should be no more than 28 days earlier than CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-227	R2b should be no more than 21 days earlier than ASMT_LCK date.	R2b (date the RN coordinator signed the assessment as complete) should be no more than 21 days earlier than the ASMT_LCK date (the date that all Sections A through V except for the care planning items are completed).
-228	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the assessment completion date (R2b)	R2b (date the RN coordinator signed the assessment as complete) should be no more than 21 days earlier than VB4 date (RAP care plan signature date).
-229	R2b should be no more than 28 days earlier than CARE_LCK date.	R2b (date the RN coordinator signed the assessment as complete) should be no more than 28 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-231	VB2 should be no more than 7 days earlier than VB4 date.	VB2 (RAP assessment signature date) should be no more than 7 days earlier than VB4 date (RAP care plan signature date).
-232	VB2 should be no more than 14 days earlier than CARE_LCK date.	VB2 (RAP assessment signature date) should be no more than 14 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed.)
-233	VB4 date late: The submitted care plan decision completion date (VB4) was more than 21 days later than the assessment reference date (A3a).	Cause: * The care plan decision date (VB4) exceeds the allowable time limit for the assessment reference date (A3a). * VB4 (RAP care plan signature date) should be no more than 21 days after A3a date (last day of MDS observation period). Action: * No action is required for this assessment * To avoid this message in the future, schedule assessment so that the care plan decisions are completed no later than 21 days after the assessment reference date (A3a).
-235	VB4 should be no more than 7 days earlier than CARE_LCK date.	VB4 (RAP care plan signature date) should be no more than 7 days earlier than the CARE_LCK date (the date that all sections of the MDS record and care planning decisions are completed).
-301	Invalid RUGs program name: The State database RUGs program name is incorrectly configured. Contact your State Coordinator.	Cause: * There is a problem at the CMS MDS system at the State. * The program specified by the State Administrator in the Data Management Software on the Configurable Items window is invalid or does not exist. Action: * The facility staff should contact the State MDS Coordinator to verify their entries in the RUG's option table. * Correct using the MDS Correction policy.

Table 1-6 MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-304	AA8b column is null.	The required AA8b field for this assessment is null. RUGs cannot be calculated.
-313	Missing face sheet data: If any item(s) is/are filled out on the face sheet (Sections AB and AC), all required items must be completed with valid data.	If AA8a = 01, all face sheet items must be submitted (Sections AB and AC). If AA8a = 08, this message does not apply as only AB1 and AB2 are required. If any items in Sections AB and AC are optionally submitted on any other record, all items must be submitted.

Table 1-6 MDS Inactive Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-302	Assessment_internal_id is null.	A requested Assessment_internal_id was stored as a null value. The internal assessment ID is assigned by the MDS system when the assessment is submitted.
-305	Assessment_internal_id requested was not found on assessment table.	The requested Assessment_internal_id could not be found on the Assessment table. The internal assessment ID is assigned by the MDS system when the assessment is submitted.
-312	Section_A record not found.	The Assessment_internal_id that was submitted to the RUGs calculation program does not contain data values in Section A of the assessment record. The internal assessment ID is assigned by the MDS system when the assessment is submitted.

Table 1-7. MDS Messages for Internal Programmer Use

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-315	Invalid value for Section_S fields.	Cause: * The submitted data for this item is not in the valid range of acceptable values. Action: * Refer to your State's current Section S data specifications for this item to determine the acceptable values.
-316	Incorrect format for Section_S fields.	Cause: * The submitted data is not in the correct format for the identified item. Action: * Refer to your State's current Section S data specifications for this item to determine acceptable format.
-317	Date in Section_S is missing or invalid.	Cause: * Date item identified is missing or contains an invalid date. Definition: * Invalid for the purposes of this message means that the date must contain a valid month, day, and year. Tip: * Check the Field identified on the Final Validation Report to determine the date item that is missing or invalid. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Example: * An invalid date would be June 32, 1999. * A month of 40 or a day of 32 is not valid. Action: * Refer to your State's current Section S data specifications to determine valid values.

Table 1-8. MDS Warning Messages, Section S

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-318	Date in Section_S is greater than submission date.	Cause: * The date item identified is a future date (later than the current date). The date item must precede or be the same as the current date. Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that contains a future date. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Action: * Refer to your state's current Section S data
-319	Date in Section_S is more than 140 years in the past.	Cause: * Any record is rejected if the date item identified is more than 140 years prior to the current date. Definition: * Current date refers to the date the file is submitted to the CMS MDS system at the State. Tip: * Check the Field identified on the Final Validation Report to determine the date item that is more than 140 years prior to the current date. * The correct submission file format for all dates is YYYYMMDD. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as MMDDYYYY, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs notified. Action: * Refer to your State's current Section S data specifications to determine valid values.

Table 1-8. MDS Warning Messages, Section S

Index Messages by Type

MDS FATAL FILE MESSAGES	PAGE NUMBER
Invalid FAC_ID	7
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Header incorrect length	8
Data record incorrect length	8
Data records missing	9
Trailer incorrect length	
Trailer missing	10
Incorrect record count (more)	10
Incorrect record count (fewer)	10
Invalid Submission Type	11
Extra data	12
Unable to accept file	12
MDS FATAL RECORD MESSAGES	
Date is missing/invalid	19
Invalid AA8a/AA8b combination	
Invalid data value	
Incorrect format	
Inconsistent dates	
Inconsistent REC_TYPE/AA8a, AA8b	
AB2 value is missing	
Inconsistent AB8a value	
Inconsistent AB10 value	
Inconsistent B1 value	
Inconsistent K6a value	
Inconsistent K6b value	
Inconsistent M2 value	
Inconsistent T1 value	
Inconsistent U	
Inconsistent AC1y value	
Inconsistent J2a value	
Inconsistent "None of Above" value	
Inconsistent AB11 date	
Inconsistent RAP value	
Last name missing	
Duplicate assessment	
SSN (AA5a) and Medicare number/railroad number (AA5b) missing	
Date is missing/invalid	
Date in future	
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Inconsistent AB1/AA3 dates	
Inconsistent A3a/AA3 dates	27
Inconsistent A3a/AB1 dates	
Inconsistent R2b/A3a dates	
Inconsistent VB2/A3a	
Inconsistent VB4/VB2	
Inconsistent R4/AA3	
Inconsistent R4/AB1	

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Inconsistent P1bbB value	
Inconsistent P1bcB value	
Inconsistent P1bdB value	
Inconsistent P1beB value	
Inconsistent T1d value	
Inconsistent T1d value	
Unable to calculate RUG	
No RUG value calculated	
Extra data	
Missing data	
Invalid AT2 value	
Non-blank fields	
No match found	
Inconsistent AT1	
Inconsistent AT3	
Inconsistent AT4	
Inconsistent AT6	
Inconsistent AT5	
Invalid AA8a/AA8b	
Inconsistent G1 value	
Inconsistent E1 value	
No authority to collect data	
Inconsistent P1baA value	
Inconsistent P1bbA value	
Inconsistent P1bcA value	
Inconsistent P1bdA value	
Inconsistent P1beA value	
Impossible P1baA/P1baB relationship	
Impossible P1bbA/P1bbB relationship	
Impossible P1bcA/P1bcB relationship	
Impossible P1bdA/P1bdB relationship	
Impossible P1beA/P1beB relationship	
Invalid Correction/Inactivation	
Invalid Record FAC_ID	
Invalid AA8b/SUB_REQ	
Invalid SUB_REQ	
W2a value is missing	
Inconsistent W2a/W2b	
Inconsitent W2a/W2b	
Inconsistent W2a/W2b	
Inconsistent W2b value	
Inconsistent W3a/W3b	
Inconsistent W3a/W3b	
Inconsistent W3a/W3b	45

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	Inconsistent facility Medicare number	47
	Inconsistent facility Medicaid number	47
	Inconsistent facility telephone number	48
	File creation date missing	48
	Facility address missing	49
	Facility city missing	49
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	Facility zip code missing	50
	Facility contact person missing	50
	Inconsistent AB1 date	41
	Inconsistent AB2 value	42
	Assessment completed late	42
	Inconsistent record sequence	53
	An ICD-9 code submittedi n I3 caused the Dehydration RAP	
	Inconsistent submission sequence	
	Resident information updated	
	Resident provider updated	
	R2b date late	
	VB2 date late	
	R2b date late	56
	VB2 date late	
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	Unable to calculate RUG	
	No RUG value calculated	
	Incorrect RUG logic version	
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	New resident (modification request)	
	New Assessment (modification request)	
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	Comprehensive Assessment completed late	
	Inconsistent AA8a/R4/AB1	
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ИDS	INACTIVE MESSAGES	
	Header FAC ID not found	64
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	Invalid record FAC ID	
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	Space found in AA8a field	
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Inconsistent ASMT_LCK/R2b	66
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ASMT_LCK later than 21 days after A3a	66
ASMT_LCK more than 7 days before VB4	
ASMT_LCK more than 14 days before CARE_LCK	66
CARE_LCK later than 28 days after A3a	
CARE_LCK later than 14 days after VB2	66
CARE_LCK later than 28 days after Rb2	66
CARE_LCK later than 7 days after VB4	
A3a date late	
AB1 more than 21 days before ASMT_LCK	67
VB4 date late	
AB1 more than 28 days before CARE_LCK	67
A3a more than 14 days before R2b	
A3a more than 14 days before VB2	
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VB4 date late	
R2b more than 28 days before CARE_LCK	
VB2 more than 7 days before VB4	
VB2 more than 14 days before CARE_LCK	
VB4 date late	
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MDS MESSAGES for INTERNAL (PROGRAMMER) USE	
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-3	Warning	Software vendor information updated		
-4	Fatal File	Header missing		
-5	Fatal File	Header incorrect length		
-7	Fatal File	Data record incorrect length	8	
-8	Fatal File	Data records missing	9	
-9	Fatal File	Trailer incorrect length	9	
-10	Fatal File	Trailer missing	10	
-11	Fatal File	Incorrect record count (more)	10	
-12	Fatal File	Incorrect record count (fewer)	10	
-14	Warning	Inconsistent facility Medicare number	47	
-15	Warning	Inconsistent facility Medicaid number	47	
-16	Warning	Inconsistent facility telephone number	48	
-17	Warning	File creation date missing	48	
-18	Fatal File	Invalid Submission Type	11	
-20	Warning	Facility address missing	49	
-21	Warning	Facility city missing	49	
-22	Warning	Facility state missing	49	
-23	Warning	Facility zip code missing	50	
-24	Warning	Facility contact person missing	50	
-27	Fatal Rcd	Date is missing/invalid	13	
-28	Fatal Rcd	Invalid AA8a/AA8b combination	13	
-29	Fatal Rcd	Invalid data value	14	
-31	Fatal Rcd	Incorrect format	14	
-40	Fatal Rcd	Inconsistent dates		
-50	Fatal Rcd	Inconsistent REC_TYPE/AA8a, AA8b		
-51	Fatal Rcd	AB2 value is missing	16	
-52	Fatal Rcd	Inconsistent AB8a value	17	
-53	Fatal Rcd	Inconsistent AB10 value	17	
-54	Fatal Rcd	Inconsistent B1 value	18	
-55	Fatal Rcd	Inconsistent K6a value	18	
-56	Fatal Rcd	Inconsistent K6b value		
-57	Fatal Rcd	Inconsistent M2 value		
-58	Fatal Rcd	Inconsistent T1 value	19	
-59	Fatal Rcd	Inconsistent U		
-60	Fatal Rcd	Inconsistent AC1y value		
-61	Fatal Rcd	Inconsistent J2a value		
-62	Fatal Rcd	Inconsistent "None of Above" value		
-64	Fatal Rcd	Inconsistent AB11 date	22	
-65	Warning	Inconsistent AB1 date		
-66	Warning	Inconsistent AB2 value		
-70	Warning	Assessment completed late	52	

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_	TYPE		NUMBER
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	Warning	Inconsistent submission sequence	
-74	Warning	An ICD-9 code submitted in I3 caused the Dehydration RAP	
-75	Fatal Rcd	Inconsistent RAP value	
-78	Fatal Rcd	Last Name missing	
-80	Fatal Rcd	Duplicate assessment	
-81	Warning	Resident information updated	
-82	Warning	Resident provider updated	
-102	Fatal File	Extra data	
-103	Fatal File	Unable to accept file	
-107	Fatal Rcd	SSN (AA5a) and Medicare	
-108	Fatal Rcd	Date is missing/invalid	
-109	Fatal Rcd	Date in future	
-110	Fatal Rcd	Date too old	
-111	Fatal Rcd	Inconsistent AB1/AA3 dates	
-112	Fatal Rcd	Inconsistent A3a/AA3 dates	
-113	Fatal Rcd	Inconsistent A3a/AB1 dates	
-114	Fatal Rcd	Inconsistent R2b/A3a dates	
-116	Fatal Rcd	Inconsistent VB2/A3a	
-117	Fatal Rcd	Inconsistent VB4/VB2	
-119	Fatal Rcd	Inconsistent R4/AA3	
-120	Fatal Rcd	Inconsistent R4/AB1	
-121	Fatal Rcd	Inconsistent A4a/AA3	
-122	Fatal Rcd	Inconsistent A3a/P_REC_DT	
-208	Fatal Rcd	Inconsistent P1baB value	
-209	Fatal Rcd	Inconsistent P1bbB value	
-210	Fatal Rcd	Inconsistent P1bcB value	
-211	Fatal Rcd	Inconsistent P1bdB value	
-212	Fatal Rcd	Inconsistent P1beB value	
-213	Fatal Rcd	Inconsistent T1d value	
-214	Fatal Rcd	Inconsistent T1d value	
	Warning	R2b date late	
-217	Warning	VB2 date late	
-226	Warning	R2b date late	
-230	Warning	VB2 date late	
-234	Warning	VB4 late date	
-300	Warning	Unable to calculate RUG	
-302	•	Use	
-303	Warning	No RUG value calculated	
-305	•	Use	
-306	Warning	Incorrect RUG logic version	
-307	Warning	Incorrect RUG value	
-309	Fatal Rcd	Unable to calculate RUG	
-310	Fatal Rcd	No RUG value calculated	
-311	Warning	Rural RUG calculated	
-312	•	Use	
-314	Warning	Field left justified	59

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-317	Warning S	Date in Section_S missing		
-318	Warning S	Date in Section_S greater than submission date		
-319	Warning S	Date in Section_S is more than 140 years		
-320	Fatal Rcd	Extra data		
-321	Fatal Rcd	Missing data		
-322	Fatal Rcd	Invalid AT2 value		
-323	Fatal Rcd	Non-blank fields	33	
-324	Fatal Rcd	No match found	33	
-325	Fatal Rcd	Inconsistent AT1	34	
-326	Fatal Rcd	Inconsistent AT3	34	
-327	Fatal Rcd	Inconsistent AT4	34	
-328	Fatal Rcd	Inconsistent AT6	35	
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-333	Fatal Rcd	Invalid AA8a/AA8b	35	
-376	Fatal Rcd	Inconsistent G1 value	36	
-377	Warning	Record submitted late	60	
-378	Fatal Rcd	Inconsistent E1 value	36	
-379	Warning	New resident		
-380	Warning	Repeat admission assessment (AA8a = 01)		
-381	Fatal Rcd	No authority to collect data	36	
-382	Fatal Rcd	Inconsistent P1baA value	37	
-383	Fatal Rcd	Inconsistent P1bbA value	37	
-384	Fatal Rcd	Inconsistent P1bcA value		
-385	Fatal Rcd	Inconsistent P1bdA value		
-386	Fatal Rcd	Inconsistent P1beA value		
-387	Fatal Rcd	Impossible P1baA/P1baB relationship		
-388	Fatal Rcd	Impossible P1bbA/P1bbB relationship		
-389	Fatal Rcd	Impossible P1bcA/P1bcB relationship		
-390	Fatal Rcd	Impossible P1bdA/P1bdB relationship		
-391	Fatal Rcd	Impossible P1beA/P1beB relationship		
-392	Fatal Rcd	Invalid Correction/Inactivation		
-393	Warning	Comprehensive Assessment completed late		
-394	Fatal Rcd	Invalid Record FAC_ID		
-395	Fatal Rcd	Invalid AA8b/SUB_REQ		
-396	Fatal Rcd	Invalid SUB_REQ		
-397	Warning	Inconsistent AA8a/R4/AB1		
-398	Warning	Test File		
-399	Warning	Inconsistent NPI		
-400	Fatal Rcd	W2a value is missing		
-401	Fatal Rcd	Inconsistent W2a/W2b		
-402	Fatal Rcd	Inconsistent W2a/W2b		
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-404	Fatal Rcd	Inconsistent W2b value	44	

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-405	Fatal Rcd	Inconsistent W3a/W3b	44
-406	Fatal Rcd	Inconsistent W3a/W3b	44
-407	Fatal Rcd	Inconsistent W3a/W3h	ΔF